APPLICATION FOR BUILDING / ZONING PERMIT

Stockertown Borough
610-759-8393
209 Main Street, Stockertown, PA 18083

Northampton County, Pennsylvania
OFFICE OF ZONING

PROJECT ADDRESS: _____

DETAILED PROJECT DESCRIPTION:- _____

_____

Are there any businesses currently operating, or planned to operate at this location? Please describe.

_____ **Additional Narrative Attached: YES NO**

Check all that apply to your project in each box below.

THIS APPLICATION IS FOR:

New Building	☐	Razing or Moving	☐
Addition to Building	☐	Accessory Building	☐
Exterior Alteration	☐	Temporary Building or Use	☐
Interior Alteration	☐	Change of Use	☐
Conversion of Dwelling	☐	Sign	☐
Use of Land	☐	Driveway / Road Opening	☐
Demolition	☐	Electrical	☐
Plumbing	☐	OTHER _____	☐

THE PROPOSED USE IS FOR:

PROPOSED OCCUPANCY: ☐ ***Renter-Occupied*** ☐ ***Owner-Occupied***

ONE FAMILY DETACHED DWELLING	☐	SWIMMING POOL	☐
TWO FAMILY DWELLING	☐	FENCE	☐
MULTIPLE FAMILY DWELLING	☐	PORCH	☐
INDUSTRIAL	☐	TELECOMMUNICATION	☐
COMMERCIAL	☐	PATIO	☐
RETAIL	☐	DECK	☐
SHOPPING CENTER	☐	PORCH ROOF	☐
PROFESSIONAL	☐	PATIO ROOF	☐
MANUFACTURING LIGHT	☐	DECK ROOF	☐
MANUFACTURING HEAVY	☐	HOUSE ROOF	☐
GARAGE ATTACHED	☐	GARAGE ROOF	☐
GARAGE DETACHED	☐	ACCESSORY BUILDING ROOF	☐
GARAGE UNDER	☐	DRIVEWAY	☐
OTHER ACCESSORY BUILDING	☐	SIDEWALK	☐
SHED	☐	OTHER	☐

THE CURRENT USE OF PROPERTY:

EXISTING OCCUPANCY: ☐ ***Renter-Occupied*** ☐ ***Owner-Occupied***

RESIDENTIAL	☐
COMMERCIAL	☐
INDUSTRIAL	☐
OFFICE	☐
VACANT PARCEL	☐
OTHER _____	☐

APPLICATION FOR BUILDING / ZONING PERMIT

BOROUGH OF STOCKERTOWN
Northampton County, Pennsylvania
OFFICE OF ZONING

1. PROJECT ADDRESS:

Property Owner's Name:_____Telephone #: _____
Property Owner's Address: _____
Applicant's Name: _____Telephone #: _____

2. CONTRACTOR INFORMATION:

General Contractor's Name: _____
Plumber's Name: _____
Electrician's Name: _____
Driveway Contractor's Name: _____

Location: N ☐ S ☐ E ☐ W ☐ Side of _____Street or Avenue
Name of Subdivision: _____
Width of Lot: _____ Depth of Lot: _____
Square Footage of Plot: _____ Irregular: Yes ☐ No ☐ Corner Lot: Yes ☐ No ☐

3. EXISTING FEATURES:

Structure Type: Ranch ☐ 1 ½ Story ☐ 2 Story ☐ Split ☐ Bi-Level ☐ Manufactured ☐
Other_____☐
Square Feet Of Living Area / Structure: First Floor _____ Second Floor _____
Number of Finished Rooms: _____Number of Bedrooms: _____ Number of Baths: _____
Size of Structure: Length _____ Width _____ Height _____ Number of Stories: _____
Foundation Size: _____
Driveway Length: _____ Width: _____ **Walk Way** Length:____ Width: **Patio** Length____ Width_____
Heating: Gas ☐ Oil ☐ Electric ☐ Other: _____
Heating Type: Hot Water ☐ Warm Air ☐ Cable ☐ Baseboard ☐ Other: _____
Air Conditioning: Yes ☐ No ☐ Existing Curbing: Yes ☐ No ☐
Water Supply: Public ☐ Well: ☐ Other: _____
Sewerage: Public ☐ Septic: ☐ Other: _____

4. PROJECT COST:

Estimated Cost or Value of Construction (Exclude Cost Of Land): _____
Estimated Starting Date: _____ **Estimated Completion Date:** _____

5. SITE PLAN:

Three Copies of Site Plan MUST accompany this application to include, but not limited to project location, all existing features and proposed improvements, dimensions, and setbacks from property lines.

6. SIGNATURES

SIGNATURE OF PROPERTY OWNER : _____Date _____
SIGNATURE OF AUTHORIZED AGENT: _____Date _____

Any statements made in this application that are false or fraudulent shall void this application and make the signer subject to prosecution under the law. Stated uses and improvements shall conform to any and all other governmental regulations and permissions necessary and applicable.

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Employees / Patrons:

Current # of Employees: _____ Planned # of Employees_____
Current # of Patrons: _____ Planned # of Patrons_____
Current # of Parking Spaces_____ Planned # of Parking Spaces_____

Scope of Work:

Detailed description of proposed work (Attach Narrative):

_____

_____

_____

Material(s):

_____

Size:

_____

Proposed Setbacks from Property Line:

_____

Front: _____ Rear: Side: _____ Side: _____

Impervious Coverage:

Existing:_____Proposed:_____

Grading Changes (Provide detailed description. Attach Narrative):

_____

I/We hereby certify that as applicant, owner, contractor, agent or other that I/we completed and read the foregoing application, and that the information and statements in this application and other representations contained in all accompanying plans are made a part of this application and are true and correct to the best of our knowledge and belief. The applicant, not the Township, is responsible for locating property lines, setbacks lines, rights-of-way, etc. and confirming any relevant private restrictions, easements or other property conditions that may affect the location of proposed improvements.

I/We do hereby agree to observe and adhere to the Borough of Stockertown Zoning Ordinance and/or Building Code and UCC requirements, and do further agree and understand that failure to do so shall constitute a violation of any permit issued per this application, which violation shall cause any permit to become null and void, and revocable by the Borough of Stockertown.

I/We certify that the code official or authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.

Applicant Printed Name: _____

Applicant Signature: _____ Date: _____

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7. *WORKMAN'S COMPERNSATION INSURANCE* *CONTRACTOR LICENSE* CONTRACTOR INSURANCE*

ESTABLISHING COMPLIANCE WITH ACT 44 OF 1993, 77 P.S. §462.2, RELATING TO PROOF OF WORKERS' COMPENSATION INSURANCE

PART I: APPLICANT INFORMATION

☐ Property Owner (Proceed to Part IV) ☐ Contractor (Proceed to Part II)

PART II: CONTRACTOR INFORMATION

Name of Contractor/Legal Entity (if not an individual):

_____

Type of Contractor: ☐ For Profit Corporation ☐ Nonprofit Corporation

☐ IRC 501.3.C. Corporation ☐ Other (specify):

Contractor's Federal/State Employer Identification Number (EIN):

_____

The applicant hereby submits:

☐ Certificate of Insurance (Complete Part III)

☐ Certificate of Self-Insurance (Complete Part III)

☐ Affidavit of Exemption (Complete Part IV)

PART III: VERIFICATION OF INSURANCE OR SELF-INSURANCE

I understand and agree that I and the insurer are required to notify the Borough of Stockertown of the expiration or cancellation of any such policy of insurance or policy certificate within three (3) business days of such expiration or cancellation. I understand and agree that if Borough of Stockertown receives notice of expiration or cancellation of this policy of insurance or certificate that it is required by law to issue a stop-work order.

I, the undersigned, do verify that I am authorized to make this verification on behalf of the contractor; that I have read and understand the provisions of this document; that the information and facts contained in this contractor addendum are true, correct and complete; and that I understand that false statements herein are made subject to penalties of 18 PACS §4904 relating to unsworn falsification to authorities.

Applicant Printed Name_____ Applicant Signature_____

Date:_____

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PART IV: AFFIDAVIT OF EXEMPTION

I hereby claim an exemption from the requirements for workers' compensation on the following basis:

☐ **Property Owner:** I am an individual who is performing ALL the work authorized by the permit AND I own the property on which the work is being performed.

☐ **Sole Proprietor:** I am an individual contractor who is a sole proprietorship without any employees, AND I am performing ALL the work authorized by the permit.

☐ **Executive:** I am an officer of a corporation contractor duly authorized to make this claim for exemption AND the only employees who will be performing ANY work authorized by the permit are qualified as "executive employees" pursuant to Section 104 of the Workers' Compensation Act.

☐ **Religious:** All the employees who will be performing any of the work authorized by the permit are exempt for religious grounds pursuant to Section 304.2 of the Workers' Compensation Act.

I understand and agree that if Borough of Stockertown receives notice that the basis set forth above for an exemption from the requirements for workers' compensation insurance is or becomes incorrect that it is required by law to issue a stop-work order.

On this, the _____ day of 20___, _____

_____ personally

appeared before me, and proved to me through satisfactory evidence of

identification to be the

person whose name is signed on the preceding or Notary Information attached document in my presence.

Applicant Printed Name_____ Applicant Signature_____

Date:_____

APPLICATION FOR BUILDING / ZONING PERMIT

SUBMISSION CHECKLIST
ZONING PERMIT

Submittal Checklist

☐ Application

☐ 3 Site Plans

☐ Certificate of workers' compensation insurance (if applicable) –Borough of Stockertown listed as certificate holder

☐ Other: _____

Applicant Information

- Regulatory review periods do not begin until application is deemed complete
- Permits must be paid for and picked up within 6 months of approval notice
- Issuance of a permit is required prior to any work and/or change of use
- Permits are valid for 6 months from the date of issuance

NOTE:

Permits required for Building, Electrical, Plumbing and Mechanical, Grading work require additional submissions.

Residential & Commercial Application Forms can be found HERE