

SPRING TOWNSHIP  
1309 BLANCHARD STREET  
BELLEFONTE, PA 16823  
814-355-5067 FAX 814-355-2801  
[www.springtownship.org](http://www.springtownship.org)

ZONING PERMIT NO. \_\_\_\_\_

**APPLICATION FOR ZONING PERMIT**

**NOTE: PERMIT MUST BE DISPLAYED IN A CONSPICUOUS PLACE.**

<b>Tax Parcel Number --</b>	<b>Street Address --</b>
<b>TYPE OF IMPROVEMENT</b>	<b>DESCRIBE WORK</b>
1. ___ New Building	_____
2. ___ Addition	_____
3. ___ Alteration	_____
4. ___ Repair or Replacement	_____
5. ___ Demolition	_____
6. ___ Change of Use	_____
7. ___ Permit Extension	_____

<b>DECLARED COST</b>	<b>DIMENSIONS</b>	
\$ _____	Height in feet _____	<b>TYPE OF SEWAGE DISPOSAL</b>
	Number of stories _____	Public or private company _____
	Total square feet _____	Private (septic tank, etc.) _____
		<b>TYPE OF WATER SUPPLY</b>
		Public or private company _____
		Private (well) _____

**IDENTIFICATION**

Name	Mailing address	Telephone No.
<u>Owner</u>		
<u>Contractor</u>		
<u>Architect/Engineer</u>		

**AFFIDAVIT**

I hereby certify that I am the owner in fee or the authorized agent of the owner in fee of the property upon which the work authorized by the permit sought will be performed. All work will be performed in accordance with all applicable laws of the Commonwealth of Pennsylvania and ordinances of Spring Township.

Signature of owner or authorized agent.

Date

**WORKERS COMPENSATION INSURANCE COVERAGE INFORMATION**

**A. THE APPLICANT IS** \_\_\_\_\_

A contractor within the meaning of the Pennsylvania Workers Compensation Law

Yes \_\_\_\_\_ No \_\_\_\_\_

If the answer is "YES". Complete sections B or C below as appropriate.

**B. INSURANCE INFORMATION** \_\_\_\_\_

Name of applicant \_\_\_\_\_

Federal or State identification number \_\_\_\_\_

Applicant is a Qualified Self-Insurer for Workers Compensation.

Certificate attached \_\_\_\_\_

Policy expiration date \_\_\_\_\_

**C. EXEMPTION** \_\_\_\_\_

COMPLETE SECTION C IF APPLICANT IS A CONTRACTOR CLAIMING EXEMPTION FROM PROVIDING WORKERS COMPENSATION INSURANCE.

The undersigned swears or affirms he/she is not required to provide workers compensation insurance under the provisions of Pennsylvania's Workers Compensation Law for one of the following reasons, as indicated:

1. Contractor with no employees. Contractor is prohibited by law from employing any individual to perform work pursuant to this building permit unless contractor provides proof of insurance to the township.
2. Religious exemption under the Pennsylvania Workers Compensation Law.

Subscribed and sworn to before me this

\_\_\_\_\_ day of \_\_\_\_\_, 20

\_\_\_\_\_  
(signature of Notary Public)

My commission expires: \_\_\_\_\_

Signature of applicant \_\_\_\_\_

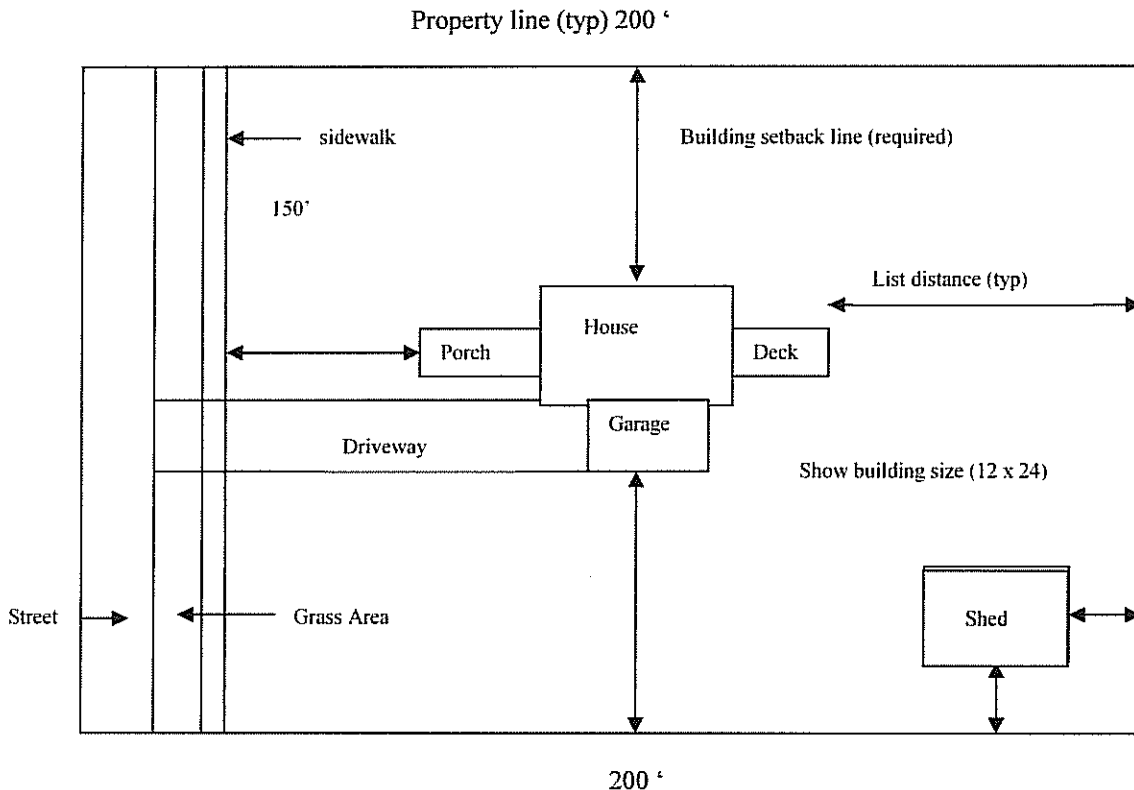
Address \_\_\_\_\_

County of \_\_\_\_\_

Township of \_\_\_\_\_

### Application Requirements

1. Completed application form.
2. Sketch plot plan – see plot plan below for example
3. Road occupancy permit required if entrance is onto a township or state highway.
4. Pay all appropriate fees.



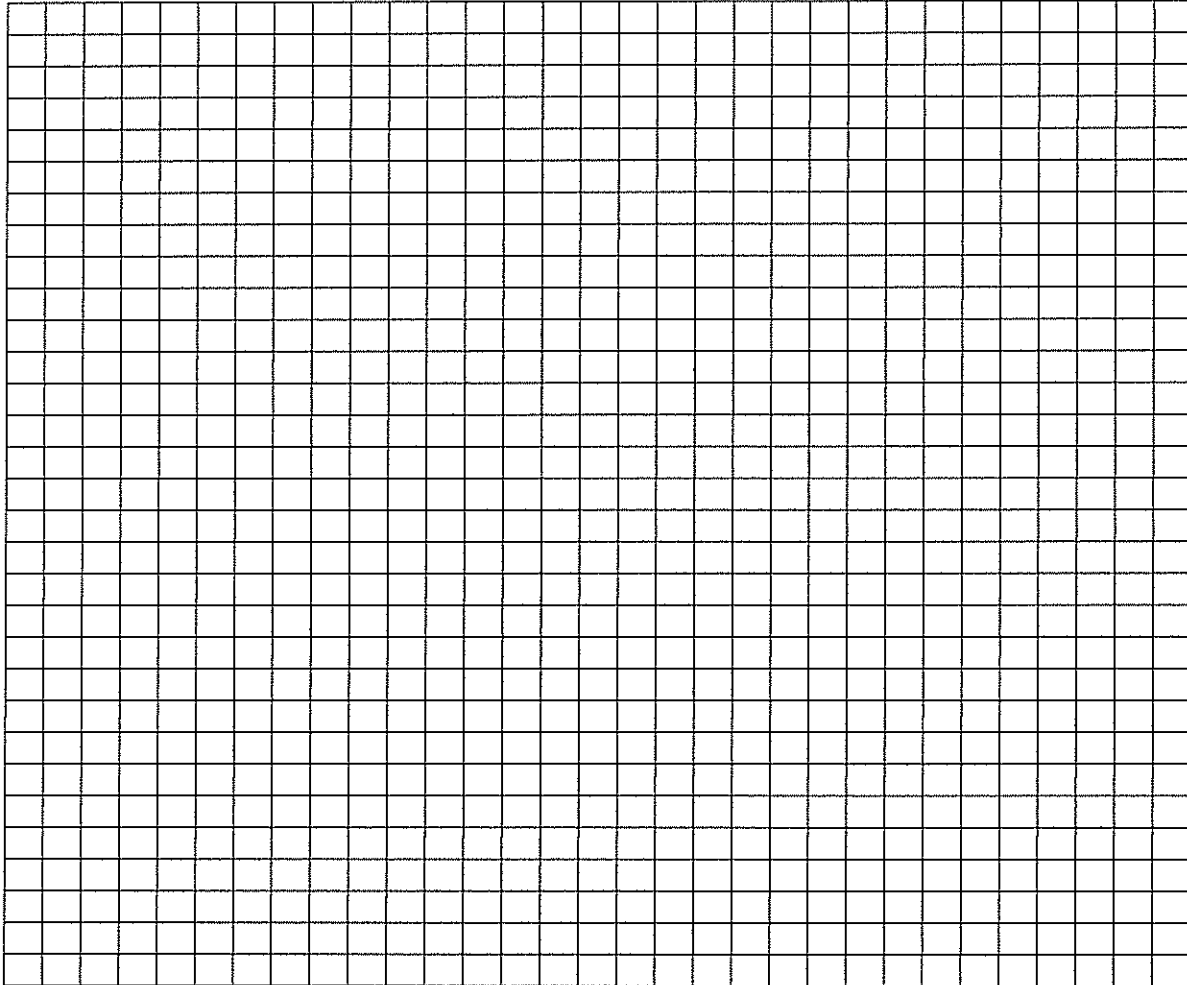
**TYPICAL PLOT PLAN (example)**

### INSPECTIONS

1. Stakeout – this is to verify building location with plot plan.
2. Water and sewer connection – contact local authority.
3. Final inspection for Occupancy Permit – construction completed.
  - a. interior finished
  - b. exterior finished
  - c. backfill and rough grading completed, mud free driveway and house numbers posted.

**NOTE: NO OCCUPANCY IS PERMITTED UNTIL A FINAL INSPECTION HAS BEEN COMPLETED AND APPROVED. PLEASE PLAN YOUR SETTLEMENT AND MOVE-IN DATES ACCORDINGLY.**

SITE PLAN – SEE SKETCH PLAN, NEXT PAGE



**ZONING EXAMINER'S NOTES**

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Zone	Lot Square Footage	Percent Coverage	Permit Number
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Setbacks

Required

Provided

Number of off street parking

Front

1. Enclosed \_\_\_\_\_

Rear

2. Outdoors \_\_\_\_\_

Left Side

Right Side

Date Permit Issued \_\_\_\_\_

Approved By \_\_\_\_\_