INSTRUCTIONS FOR A ZONING PERMIT

____ **1.** COMPLETE THE APPLICATION INCLUDED WITHIN THIS PACKET. BECAUSE THIS IS AN ALL PURPOSE PACKET, YOU NEED ONLY COMPLETE THE MARKED STEPS.

____ **2.** SUBMIT A SKETCH ON THE ENCLOSED FORM SHOWING THE EXISTING OR PROPOSED BUILDING ON THE LOT AND ALSO FRONT, REAR, AND SIDE SETBACKS, ANY FENCING, SIGNS, OFF-STREET PARKING, AND ACCESSORY STRUCTURES. THE SKETCH SHOULD SHOW ALL DIMENSIONS AND SHOULD BE SIGNED AND DATED (SEE ATTACHED EXAMPLE SHEET).

____ **3.** OBTAIN A SEWER PERMIT FROM THE SCOTT TOWNSHIP AUTHORITY OR THE SEWAGE ENFORCEMENT OFFICER, DEPENDING ON THE ADDRESS.

____ **4.** SUBMIT AN APPLICATION FOR A DRIVEWAY PERMIT, WHICH MUST BE REVIEWED AND APPROVED BY THE TOWNSHIP MAINTENANCE SUPERVISOR.

____ **5.** PAY ALL APPLICABLE FEES.

____ **6.** SUBMIT AN APPLICATION TO PHILIP PROUT, BCO, OF BARRY ISETT & ASSOCIATES, INC., FOR A BUILDNG PERMIT. A BUILDING PERMIT MAY NOT BE NECESSARY IN ALL CASES. CONTACT PHILIP PROUT AT pprout@barryisett.com. BARRY ISETT & ASSOCIATES, INC., WILL PERFORM ALL BUILDING INSPECTIONS INCLUDING THE EXTERIOR SEWER LINE.

I, THE UNDERSIGNED, HEREBY CERTIFY THAT I AM AWARE OF THE ZONING RULES AND REGULATIONS OF SCOTT TOWNSHIP AND HEREBY AGREE TO ABIDE BY THEM WITH FULL KNOWLEDGE THAT ANY VIOLATION OF SAID RULES AND REGULATIONS WILL BE CAUSE FOR THE REVOCATION OF THIS PERMIT.

SIGNATURE: _____ DATE: _____

IT SHALL BE THE RESPONSIBILITY OF THE APPLICANT IN ALL CASES TO FURNISH ADEQUATE INFORMATION AND TO CERTIFY THAT THE PROPOSED USE WILL COMPLY WITH ALL REQUIREMENTS OF CHAPTER 135 OF THE SCOTT TOWNSHIP CODE AND ALL OTHER APPLICABLE FEDERAL, STATE, OR LOCAL REGULATIONS.

THE PERMIT PLACARD MUST BE VISIBLY POSTED ON THE SITE FOR THE DURATION OF THE PROJECT.

THE CONTRACTOR AND SUBCONTRACTORS PERFORMING THE WORK STATED IN THIS ZONING PERMIT WILL BE HELD LIABLE FOR ANY DAMAGE RESULTING TO TOWNSHIP PROPERTY DURING THE COURSE OF THEIR WORK. THIS INCLUDES, BUT IS NOT LIMITED TO,ROADS, DITCHES, SWALES, EASEMENTS, AND RIGHT-OF-WAYS. DAMAGED TOWNSHIP PROPERTY MUST BE RETURNED TO ORIGINAL OR BETTER CONDITION BEFORE AN OCCUPANCY PERMIT WILL BE ISSUED.

APPLICATION FOR ZONING PERMIT

Scott Township, Columbia County, Pennsylvania

Date Submitted _____ **Permit No.** _____

Application is hereby made to SCOTT TOWNSHIP for a Zoning Permit in conformity with the requirements of the Zoning Ordinance and any amendments thereto for the following described work:

Property Owner_____ Phone Number_____

Property Location _____

The undersigned applicant hereby applies for a permit to:

- ☐ Erect a structure.
- ☐ Add to a structure.
- ☐ Remodel a structure.
- ☐ Erect a sign.
- ☐ Change a use.

To occupy or use for:

- ☐ Deck/Porch
- ☐ Addition
- ☐ Garage/Shed
- ☐ Pool
- ☐ Sign
- ☐ Single Family Dwelling
- ☐ Two Family Dwelling
- ☐ Multi Family Dwelling
- ☐ Commercial
- ☐ Fence
- ☐ Other_____

Estimated cost of proposed work: $_____

EXISTING		PROPOSED
_____	Families	_____
_____	Stories	_____

PRESENT USE OF PROPERTY:

_____

Submitted herewith is a dimensioned plan on the enclosed form of the lot showing proposed work and/or existing structures. Use on adjoining lot or lots is_____

Name of :

Lessee _____ Address _____

Owner _____ Address _____

Architect _____ Address _____

Contractor _____ Address _____

_____
Signature of Applicant or Agent

_____
Address of Applicant or Agent

OFFICE USE ONLY – DO NOT WRITE BELOW THIS LINE

ZONING PERMIT

Permit No._____

This certifies that the property described above is in a _____ Zoning District

1. The proposed work and use does/does not comply with the Zoning Ordinance.
2. A zoning permit for the above work and use is hereby granted/refused.
3. Remarks : _____

Amount of permit fee paid $_____

_____
Zoning Officer

Date : _____

WHITE - OWNER'S COPY *CANARY - TOWNSHIP COPY*

REAR PROPERTY LINE

SIDE PROPERTY LINE

SIDE PROPERTY LINE

FRONT PROPERTY LINE

SIDEWALK

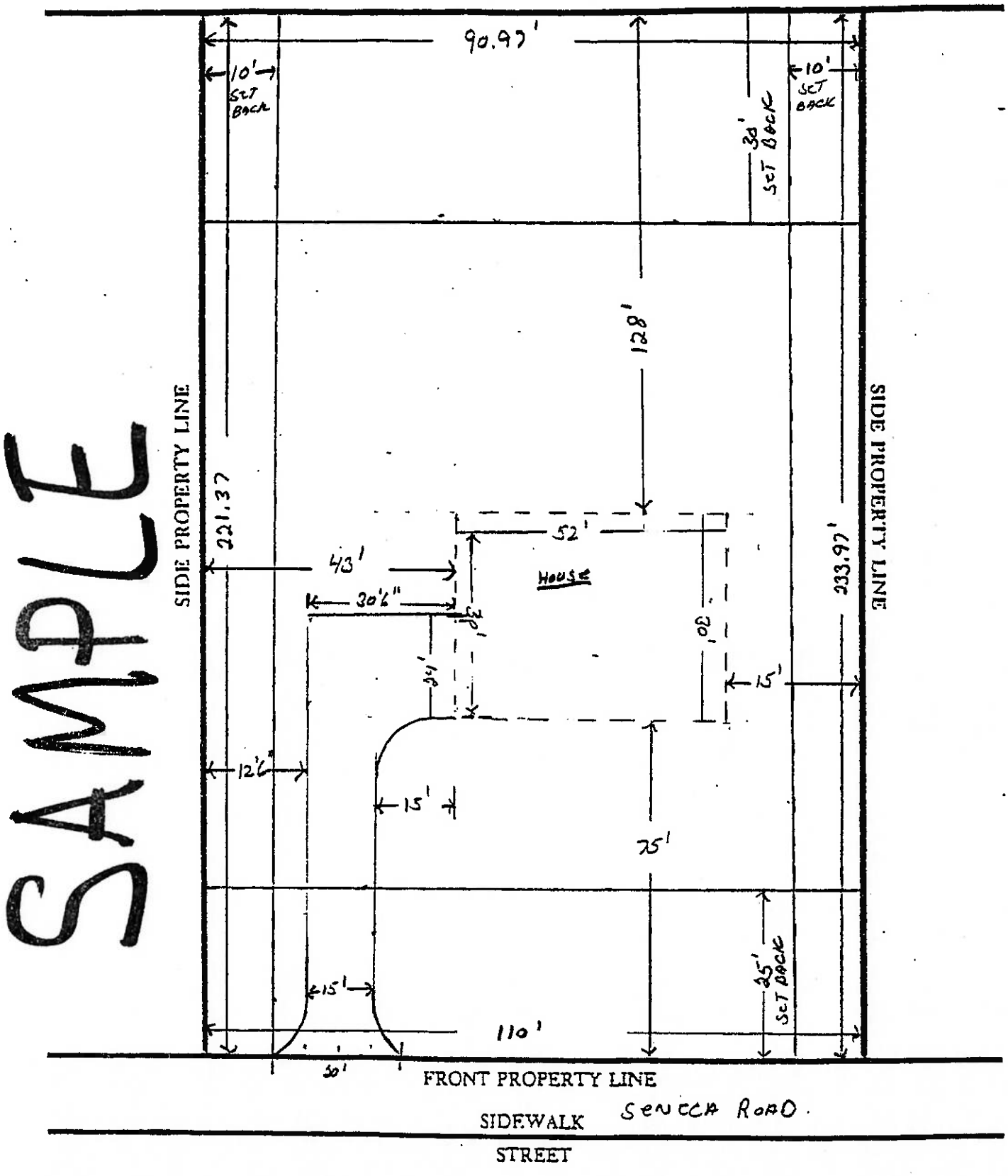
STREET

Locate all structures with a solid line.
Locate proposed structures with broken line.

DESCRIPTION_____

_____

Address_____ Zone_____ Date_____



SAMPLE

Locate all structures with a solid line.
Locate proposed structures with broken line.

DESCRIPTION New Home

Address LOT #2 SENECA ROAD Zone RESIDENTIAL Date 6-13-97

SCOTT TOWNSHIP

350 Tenny Street
Bloomsburg, PA 17815-3251
Phone: 570-784-9114 Email: brittany@townshipofscott.org

A. The Contractor is a contractor within the meaning of the Pennsylvania Workers' Compensation Law.

☐ Yes ☐ No

If the answer is "yes," complete Sections B and C below as appropriate.

B. Insurance Information OR Furnish Certificate of Insurance from Insurance Agent.

Name of Contractor_____

Federal or State Employer Identification No._____

Name of Workers' Compensation Insurer_____

Workers' Compensation Insurance Policy No._____

Policy Expiration Date_____

C. Exemption

Complete Section C is the applicant is a contractor claiming exemption from providing workers' compensation insurance.

☐ The undersigned affirms that 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:

☐ Contractor with no employees. Contractor prohibited by law from employing any individual to perform work pursuant to this building permit unless contractor provides proof of insurance to Scott Township.

☐ Religious exemption under the Workers' Compensation Law.

Signature_____

Print Name_____

Address_____

_____

Phone_____