

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

**INDIAN LAKE BOROUGH  
1301 CAUSEWAY DRIVE  
CENTRAL CITY, PA 15926**

**APPLICATION FOR BUILDING PERMIT**

1. **Instructions:** All applicants seeking to obtain a Building Permit from Indian Lake Borough must complete the Application for Building Permit contained herein. The application must be fully and completely filled out with no blank spaces. The application must be acknowledged by all landowners.

Should the applicant answer “no” to any section or believe the section is not applicable to the proposed activity, the applicant must explain the reasons for such answer. **Do not leave any section blank without an explanation.** Failure to complete every section may result in a denial of the permit application.

Prior to filling out this application, each applicant should review the Borough Ordinances relating to the proposed project for purposes of verifying compliance with such ordinances. Applicant must also conform with all restrictions and covenants set forth in any deed plan agreement or similar document as it pertains to that property.

Each applicant must submit as part of the application, a recorded plot plan or current certified survey showing the location of the project on the lot. The Zoning Officer may require the submission of a certified copy of the current deed or a current certified copy of a survey if it is deemed necessary for the review of this application. Also, attach all plans, drawings, designs, permit certificates, estimates, proposals or other applicable information to this application.

**APPLICATION FOR BUILDING PERMIT**

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Application is hereby made for a building permit pursuant to Borough Ordinance for property located on:

Lot No. \_\_\_\_\_, Park Name \_\_\_\_\_. This land is owned by:

Property Owner Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Zoning: The property on which building is to be done is zoned as:

R-1 \_\_\_\_\_ R-2 \_\_\_\_\_ C-G \_\_\_\_\_ C-M \_\_\_\_\_ C-R \_\_\_\_\_ A \_\_\_\_\_ Other \_\_\_\_\_

If "other", please explain: \_\_\_\_\_

Describe the proposed work:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Use: Use or uses for which structure is being erected or altered: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Dimensions: Height \_\_\_\_\_ Length \_\_\_\_\_ Width \_\_\_\_\_

Number of Stories \_\_\_\_\_ Building Area \_\_\_\_\_

Basement \_\_\_\_\_ 1<sup>st</sup> Floor \_\_\_\_\_ 2<sup>nd</sup> Floor \_\_\_\_\_

Set Backs: Front \_\_\_\_\_ Back \_\_\_\_\_ Left Side \_\_\_\_\_ Right Side \_\_\_\_\_

**Attach two (2) drawings of the proposed building and a map of its location on the lot. Drawings “must include” dimensions of building and set back footage.**

Has DEP issued an Earth Disturbance Permit? Yes No

If yes, date when issued \_\_\_\_\_  
\_\_\_\_\_ copy of permit attached

If No, is an Earth Disturbance Permit required? Yes No

Why not? \_\_\_\_\_

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Has DEP issued a sewage permit for the property? Yes No

If yes, date when issued \_\_\_\_\_  
\_\_\_\_\_ copy of permit attached

If no, is a sewage permit required? Yes No

Why not? \_\_\_\_\_

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Has the Borough issued a Tree Cutting Permit? Yes No

If yes, date when issued \_\_\_\_\_

If no, is a Tree Cutting Permit required? Yes No

Why not? \_\_\_\_\_

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Has the Borough issued a driveway permit? Yes No

If yes, date when issued \_\_\_\_\_

If no, is driveway permit required? Yes No

Why not? \_\_\_\_\_

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Has the Borough issued an Encroachment Permit Yes No

If yes, date when issued \_\_\_\_\_

If no, is an Encroachment Permit Required Yes No

Why not? \_\_\_\_\_

PA Contractor State Registration Number: \_\_\_\_\_

Other permits required (example: subdivision plan) please list and attach copies:

\_\_\_\_\_  
\_\_\_\_\_

Starting date of construction: \_\_\_\_\_

This building permit shall expire within ninety (90) days from date of issuance if the work described has not begun. If work has begun within ninety (90) days, the permit shall expire within one (1) year from date of issuance.

Construction Value: \_\_\_\_\_

Certificate of Use and Occupancy: Upon completion of any building project, the owner is required to obtain a use and occupancy permit from the Indian Lake Borough Office and also where required, from Somerset County Building Inspection, LLC. At this time, the Zoning Officer for Indian Lake Borough will inspect the structure to insure that all of the building is in compliance with the work listed in the building permit. Where applicable, Somerset County Building Inspector will inspect the structure to insure that all of building is in compliance with the Uniform Construction Codes. Please initial \_\_\_\_\_.

Worker's Compensation: Effective 8-31-93, and pursuant to Act 44 of the Pennsylvania Worker's Compensation Act, all applicants are required to submit proof of workers compensation insurance or provide a notarized affidavit stating that they qualify for exemption under the law. Please fill out the attached Worker's Compensation Insurance Coverage information form and return it along with the building application.

**To all applicants and contractors:** Please be aware of the environmental sensitivity of the lake, streams, and woods of Indian Lake Borough. Do not dump, bury or leave anything in the woods or water which will adversely affect the environment.

I verify that the statements herein are made subject to the penalties of PA Code Section 18, subsection 4904, relating to unsworn falsifications to authorities.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**FOR OFFICE USE ONLY**

Building Permit Application Fee: \_\_\_\_\_

Payment:     Cash \_\_\_\_\_     Check Amount \_\_\_\_\_     Check No. \_\_\_\_\_

Building Permit Granted                     Yes                     No

Reasons for approval or denial:

\_\_\_\_\_

\_\_\_\_\_

This is to certify that the proposed building or alteration set forth, complies with the provisions of the current zoning ordinance and all amendments.

Date of Approval: \_\_\_\_\_

\_\_\_\_\_

Zoning Committee Member

Date of Approval: \_\_\_\_\_

\_\_\_\_\_

Zoning Officer

**Follow up Inspections:**

Date: \_\_\_\_\_

\_\_\_\_\_

Zoning Officer

Date: \_\_\_\_\_

\_\_\_\_\_

Zoning Officer

Date: \_\_\_\_\_

\_\_\_\_\_

Zoning Officer

Date: \_\_\_\_\_

\_\_\_\_\_

Zoning Officer

Date: \_\_\_\_\_

\_\_\_\_\_

Zoning Officer

Date: \_\_\_\_\_

\_\_\_\_\_

Zoning Officer

**Final Inspection/Completion:**

Date \_\_\_\_\_

\_\_\_\_\_

Zoning Officer

**ACKNOWLEDGMENT:**

The applicants certify that all statements and information contained in this application are true and correct. It is understood that any misstatements, omissions, and any erroneous, untrue, or inaccurate submissions can result in the revocation of this permit at any time. Applicants have obtained the required permits, certificates, variances and other requirements from the applicable Borough, County, State and Federal agencies with respect to the activities being conducted on the property.

Furthermore, the issuance of a permit based upon erroneous, untrue or inaccurate statements or information submitted by the applicant will stop the applicant from raising any defenses based upon reliance.

I (we) hereby certify under penalty of law that the application being submitted is true and correct.

Sworn and subscribed on this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
Applicant Signature

**Worker's Compensation Insurance Coverage Information**  
(attach to building permit application)

**A. The applicant is:**

A contractor within the meaning of the Pennsylvania Worker's Compensation Law

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

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

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**B. Insurance Information:**

Name of Applicant: \_\_\_\_\_

Federal or State Employer Identification No. \_\_\_\_\_

Applicant is a qualified self-insurer for Worker's Compensation.

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

Name of Workers' Compensation Insurer: \_\_\_\_\_

Workers' Compensation Policy No. \_\_\_\_\_

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

Policy Expiration Date: \_\_\_\_\_

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**C. Exemption**

Complete Section C if the applicant is a contractor claiming exemption from providing Workers' Compensation Insurance.

The undersigned swears or affirms that he/she is not required to provide Workers' Compensation insurance under the provisions of the Pennsylvania 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 the Borough.**

\_\_\_\_\_ Religious exemption under the 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 \_\_\_\_\_

Municipality of \_\_\_\_\_