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 ________ 1st Floor ________ 2nd 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?  ______________________________________________________________

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?  ______________________________________________________________

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?  ______________________________________________________________

Has the Borough issued a driveway permit?  
Yes  No  
If yes, date when issued ________________  
If no, is driveway permit required?  
Yes  No  
Why not?  ______________________________________________________________
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.

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: ___________________________________________________________

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 Applicant ________________________

Address ____________________________________

__________________________                     County of ________________________________

(signature of notary public)                       Municipality of ______________________________

My Commission expires: ________________________________