

West Leechburg Borough
1015 Plazak Street West Leechburg Pa 15656 (724 -842-2653)

Zoning Permit Application

For Accessory sheds / Garages under a 1,000 Sq Ft, Fences, Retaining walls Under 4 Ft high

This shall be filled out in full and approved before any building permit can be issued or project can start

Total Fee: \$55.00

Date: _____ Estimated Construction cost: \$ _____
"Material and Labor"

Contact/ Contactor Person: _____ Cell No: _____

Job Location: _____

Job description: _____

Owners Name: _____
"The following information is needed height, size, location, and style"

Owners Address: _____

Phone No: _____ Office / Cell No: _____ Ext: _____

Total Square foot of project _____ Show all structures distance from left side of property line ____ &
Right side of property line ____ Show all structure distance from front property line ____ Show new
structures distance from Rear property line ____ Show new structures distance from any other
structure _____

Number of story's _____ Height of structure _____

**** (A copy of your survey and drawings shall be turned in with this Application)**
Failure to do this, permit will be denied

- 1. ____ ****Are there any easement located on the property? (Gas, Electrical, Pipe Line, ETC...)**
- 2. ____ **is there a swale, ditches, streams, or wet lands or flood zone on the property?**
- 3. ____ **Has this property received a zoning variance in the last 5 years?**
- 4. ____ **A fence cannot be located less than Two feet away from property line. Show the fence and locations on survey.**

(If the answer to any questions above is yes, Please describe on a separate piece of paper this section below. If No write No.

(Below this line Office Use Only)

Zoning District: _____ Permit No: _____
Parcel No: _____ Date Expired: _____
Permit Fee: _____ Date Received: _____
Check No: _____

Does Set back comply? Yes ____ No ____
Electrical Fee: _____ Is this a Permitted Use? Yes ____ No ____
Is Planning Commissioner Approval Needed? Yes ____ No ____
Zoning Hearing Board needed? Yes ____ No ____
Is a Conditional use required? Yes ____ No ____
Can a Zoning Permit be issued? Yes ____ No ____ Date: _____

Zoning Officer Approval: _____
(Signature)

Comment: _____

Address:

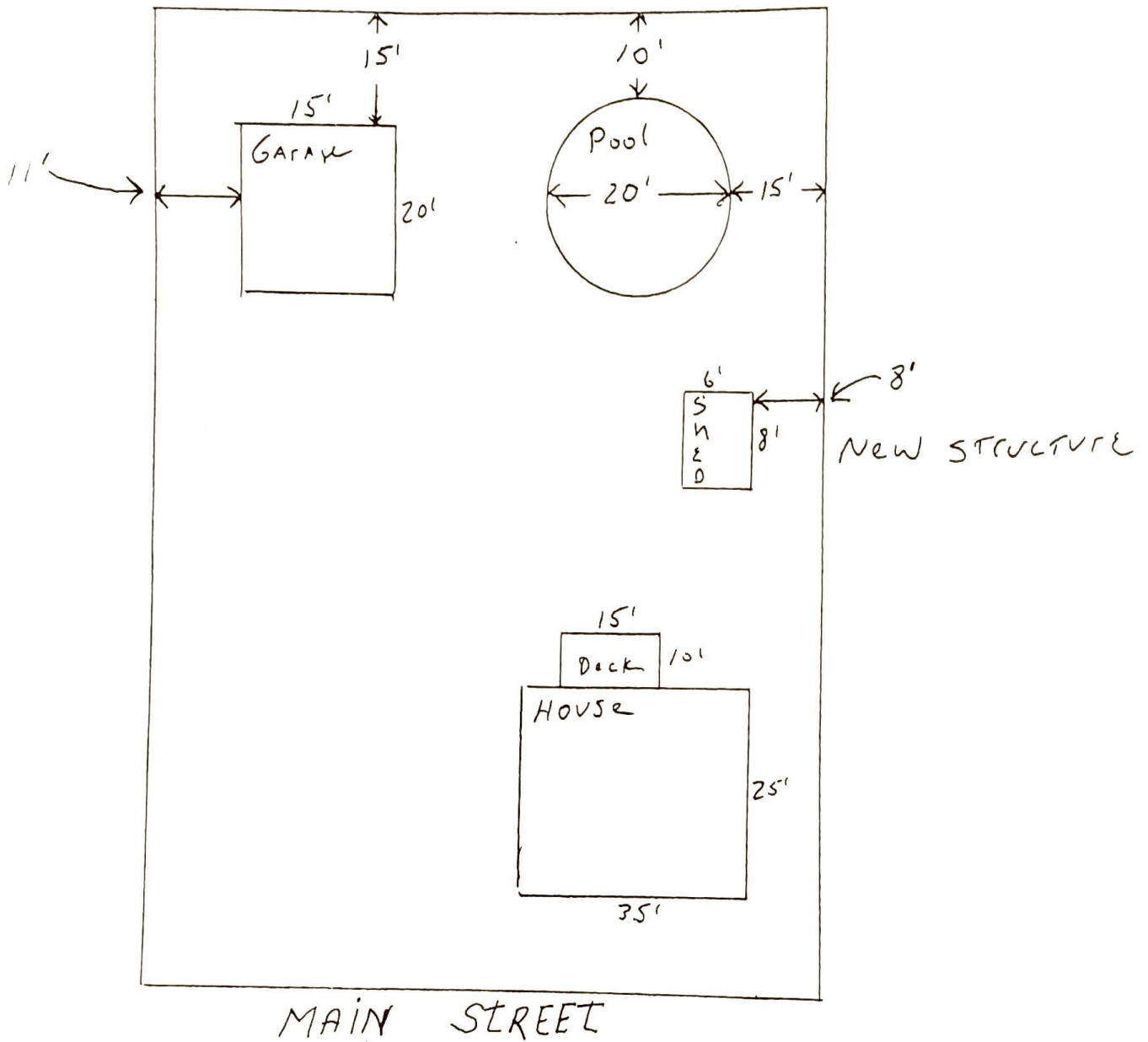
City:

State: PA

Zip Code:

Site Plot Plan / Site Plan

SAMPLE DRAWING



Attach a drawing to the application and show all the following;

1. Size of new structure in feet.
2. Size of all buildings, structures and pools in feet.
3. The distance in feet, of all buildings, structures and pools from all property lines.
4. IF a driveway is involved, Show the location and street name.

WORKERS' COMPENSATION INFORMATION FORM

THIS FORM REQUIRES A NOTARY SEAL

AFFIDAVIT OF EXEMPTION

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

___ Property owner performing own work. If property owner does hire a contractor to perform any work pursuant to building permit, contractor must provide proof of workers' compensation insurance to the municipality. Homeowner assumes liability for contractor compliance with these requirements.

___ Contractor has 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 municipality.

___ Religious exemption under the Workers' Compensation Law. All employees of contractor are exempt from workers' compensation insurance (attach copies of religious exemption letter for all employees).

___ Use this form when applicable to part "C" on the workers' compensation form.

Signature of Applicant

County of _____

Municipality of _____

Subscribed, sworn to and acknowledged before me by the above

_____ this _____ Day of _____ 20_____

SEAL

Notary Public

MUST BE NOTARIZED