

West Leechburg Borough 1015 Plazak St. West Leechburg, PA 15656 724-845-7359

Zoning Permit Application

For accessory sheds/garages under 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: \$60.00

Date: _____ Estimated Construction Cost \$ _____

Material and Labor

Contact/Contractor Person: _____ Cell No: _____

Job Location: _____

Job Description: _____

The following information is needed- height, size, location, & style.

Owner's Name: _____

Owner's Address: _____

Phone No. _____ Office/Cell No. _____

Total Sq foot of project _____ show all structures distances from left side of property line _____ &
Right side of property line _____ Show all structures from the front property line _____ Show new
structures distance of rear property line _____ Show new structures distance from any other structure _____
Number of storys _____ Height of Structure _____

***A copy of your survey may be required when reviewing and approving permits.**

1. Are there any easements located on the property? (Gas, Electrical, Pipeline, Etc.)
2. Is there a swale, ditches, streams, or wetlands 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 from the property line. Show the fence and locations on drawing.

(If the answer to any of these questions above is yes, please describe)

Below this line Office Use Only

Zoning District: _____

Permit No: _____

Parcel No: _____

Date Expired: _____

Permit Fee: _____

Date Received: _____

Does set back comply? Yes _____ No _____

Check No: _____

Electrical Fee: _____

Is this a Permitted Use? Yes _____ No _____

Is Planning Commissioner Approval needed? Yes _____ No _____

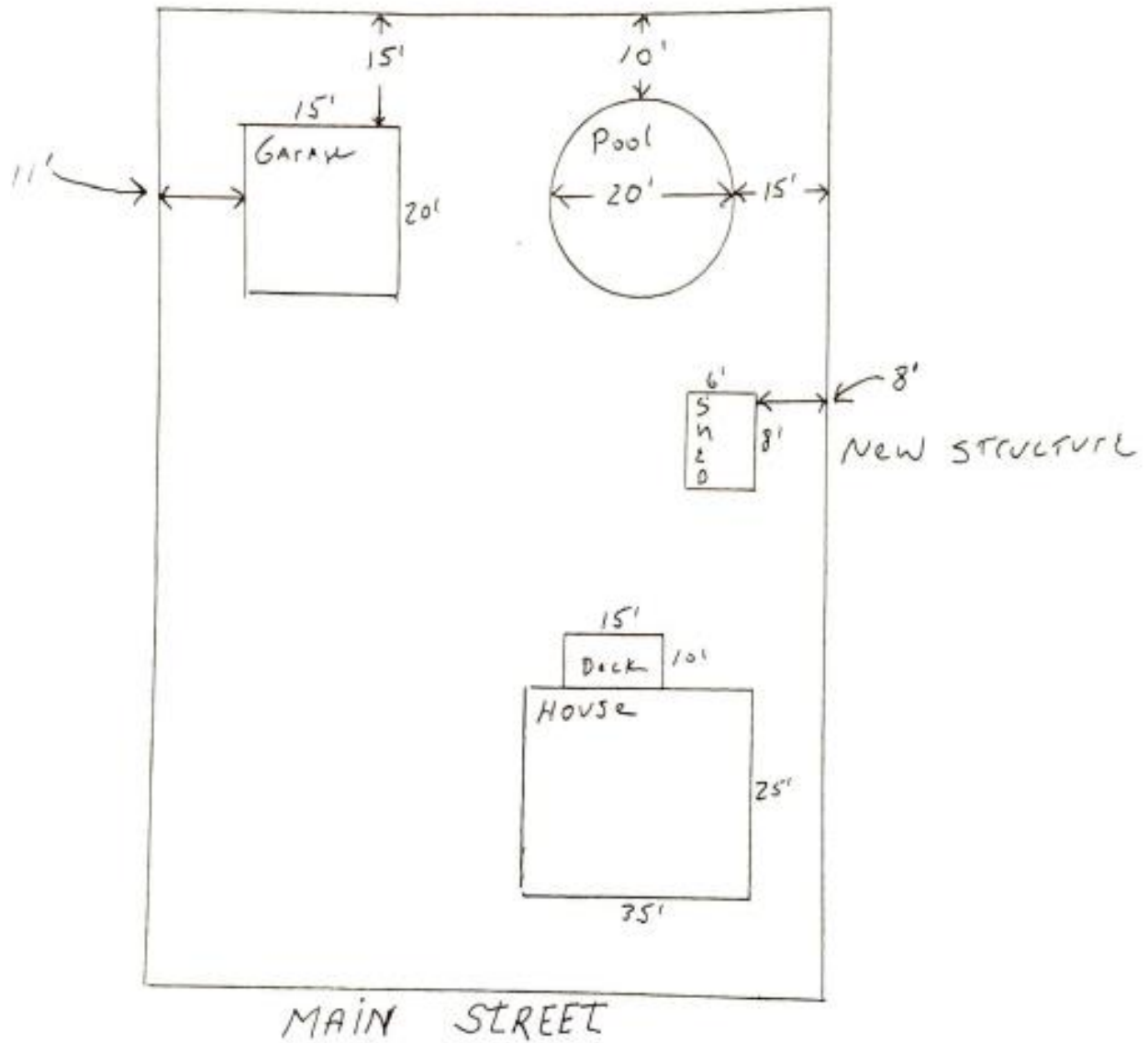
Zoning Hearing Board needed? Yes _____ No _____

Is a Conditional use required? Yes _____ No _____

Comments: _____

Can a zoning permit be issued? Yes _____ No _____

Zoning Officer Approval: _____



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 the 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