

**BOROUGH OF ELL WOOD CITY
APPLICATION FOR BUILDING PERMIT**

Name of owner(s): _____

Address: _____

Phone: _____

Address of proposed project: _____

Describe work to be done: _____

Estimated cost of project: _____

Approximate start/end date: Start _____ End _____

Lot number: _____ Ward _____ Lot size (Length x Width) _____

Work to be done by: _____

If contractor, Name: _____

Address: _____

Phone: _____

Workmen's Compensation Certificate (Attach)

Signature: _____

The owner _____ contractor _____ (check one) will remove and dispose of all materials resulting from the work.

I/We _____ am/are the owner(s) of the property for which this permit is being applied, and I/we have read all requirements for this pennit, and verify the statements and infonnation furnished herewith are true and correct. I/We understand that false statements herein are made subject to the penalties of 18 PA C.S.A. & 4904 relating to unsworn falsification to authorities.

Signature of owner(s)

Date

A PLOT PLAN MUST ACCOMPANY APPLICATION INDICATING:

- A. Length and width of lot, name of abutting streets and property owners.*
- B. Distance from side, front and rear property lines to existing and proposed structures, additions, garages, porches, decks, swimming pool, sheds, etc.*
- C. Dimensions of all existing and proposed structures, additions, porches, decks, pools, sheds, etc.*

ANY CHANGES MADE AFTER THE ORIGINAL PLANS 'WERE APPROVED
MUST BE RESUBMITTED TO THE ZONING OFFICER

ALL INFORMATION REQUESTED MUST BE FURNISHED BEFORE THIS APPLICATION CAN BE PROCESSED.

- a. Please list dimensions and type of materials to be used for foundation, walls, roofing, water, electric, drainage, and all other necessary information
- b. Electrical service can be obtained from the Borough's Electrical Department
- c. Drainage and sewage information can be obtained from the Borough's Public Works Department

Office Use:

County Tax Identification Number: _____

Approved By: _____ Date: _____

Permit Number: _____ Fee: _____

BOROUGH OF ELLWOOD CITY
WORKERS' COMPENSATION INSURANCE COVERAGE INFORMATION

A. The applicant 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:

Name of Applicant _____

Federal or State Employer Identification Number _____

Applicant is a qualified self-insurer for workers' compensation.

CERTIFICATE ATTACHED

Name of Workers' Compensation Insurer _____

Workers Compensation Insurance Policy Number _____

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 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 the Borough.

_____ Religious exemption under the Workers' Compensation Law.

Subscribed and sworn to before me this
_____ day of _____, 20____

Signature of applicant _____

Address _____

Signature of Notary Public

My commission expires: _____

County _____

Municipality of _____

BOROUGH OF ELLWOOD CITY

SAMPLE OF PLOT PLAN FOR BLDG. PERMIT

