

WALKER TOWNSHIP

P.O. Box 116, McConnellstown, PA 16660

814.627.1890, FAX 814.627.2562

ZONING PERMIT FEE \$ _____
(MAKE CHECK PAYABLE TO WALKER TOWNSHIP)

WATER CONNECTION FEE \$ _____
(MAKE CHECK PAYABLE TO WTMA)

SEWER CONNECTION FEE \$ _____
(MAKE CHECK PAYABLE TO WTMA)

RECORDING FEE \$ _____
(MAKE CHECK PAYABLE TO WTMA)

THE FOLLOWING THINGS MUST BE IN PLACE AT THE TOWNSHIP BUILDING BEFORE A PERMIT CAN BE ISSUED:

SEWAGE PERMIT
Dan Page & Polly Graybill, 25 Dolan Heights, Mifflintown, PA 17059, 1-800-639-3641

DRAWING OF PLANS
This must be a drawing or sketch of the property showing the property lines, existing buildings, well & septic systems or water & sewer lines to property, the site of the proposed new construction, and the distances from the property lines.

AGREEMENT FOR EASEMENT AND RIGHT-OF-WAY BY AND BETWEEN THE PROPERTY OWNER AND THE WTMA

AGREEMENT FOR EASEMENT AND RIGHT-OF-WAY BY AND BETWEEN THE PROPERTY OWNER AND ADJOINING PROPERTY OWNERS

PennDOT HIGHWAY OCCUPANCY PERMIT

CERTIFICATE OF INSURANCE ISSUED BY CONTRACTORS INSURANCE CO. SHOWING LIABILITY & WORKERS COMP. INSURANCE & PAGE 5 FILLED OUT BY CONTRACTOR
(FAX TO MUNICIPAL OFFICE AT 627-2562)

ACCESSORY USE SET-BACK REQUIREMENTS:

Accessory uses are not permitted in the front yard.

All other accessory uses: 5' from side property line, and 10' from rear property line.

NOTICE: Walker Township Municipal Authority requires 24 hours notice prior to the installation of septic tanks and for the inspection of water & sewer connections and laterals.

WALKER TOWNSHIP

P.O. Box 116, McConnellstown, PA 16660

814.627.1890, FAX 814.627.2562

ZONING PERMIT APPLICATION

Permit Number _____

The undersigned, in compliance with the building permit ordinance of Walker Township, submits the following information for the purpose of obtaining a Zoning Permit.

Name of Applicant: _____

Address: _____

Home Phone: _____ Business Phone: _____

Name of Land Owner: _____

Address: _____

Home Phone: _____ Business Phone: _____

Name of Contractor: _____

Address: _____

Home Phone: _____ Business Phone: _____

Type of Improvement

New Construction _____
Addition _____
Repair _____
Alteration _____
Relocation _____
Demolition _____
Other (specify) _____

Type of Sewage Disposal

Community System _____
(public or private)
Individual On-Lot System _____

Type of Water Supply

Community System _____
Individual System (private well) _____

Tax Parcel Number: _____ **Lot Size:** _____

Square Footage of Structure: _____

Sewage Permit Number: _____

NOTE: ATTACH A PLAN OF SITE SHOWING SIZE AND LOCATION OF PROPOSED CONSTRUCTION AS WELL AS ANY EXISTING BUILDINGS AND STRUCTURES. THE PLAN MUST SHOW SETBACK LINES, LOCATION OF SEPTIC TANK AND DEDICATED RIGHT-OF-WAY FOR SEWAGE LATERAL.

Use of Buildings: _____

Site Location (identify by street address, lot number, route number or intersection):

Zoning District: _____

Estimated Start Date: _____

Estimated Completion Date: _____

Estimated Total Cost: _____

Flood Prone Areas:

Is this site located within an identified flood-prone area? _____

Indicate the elevation of the lowest floor (include basement): _____

Indicate 100 Year Flood Elevation: _____

If this site is within an identified flood-prone area, attach a statement and plans certified by a registered engineer or architect (name, address, date and seal) describing the methods and materials that will be used to protect against flood damage, and assurances that the proposed activities are in compliance with rules and regulations concerning construction within an identified flood-prone area.

I hereby acknowledge and state that I have read this application and the information contained herein is true and correct to the best of my knowledge. Further, I agree to comply with all municipal ordinances, building codes, and/or state laws regarding the activity the permit is intended to cover. I understand that violation of these ordinances, codes, or laws may result in the assessment of penalties.

(Applicant Signature)

(Date)

DO NOT WRITE BELOW THIS POINT

FEES:	GROSS BUILDING AREA	FEE
	0 – 499 Sq. Ft.	\$ 35.00
	500 – 999 Sq. Ft..	75.00
	Each additional 1000 Sq. Ft., or any part thereof beyond the first 1000 SQ.FT.	25.00

Building Permit Fee: _____

Fee Paid: _____
(DATE) (CHECK NUMBER)

Water Connection Fee: _____

Sewer Connection Fee: _____

Recording Fee: _____

Fees Paid: _____
(DATE) (CHECK NUMBER)

Signature: _____
(TOWNSHIP SECRETARY/TREASURER)

Other Permits and Approvals:

	REQUIRED	OBTAINED
Subdivision Approval:	[]	[]
Water Service Application:	[]	[]
Sewer Service Application:	[]	[]
Dedicate Sewer Easement:	[]	[]
Permit to Cross Stream (DEP):	[]	[]
Permission to cross Township road:	[]	[]
Highway Occupancy Permit (PennDOT):	[]	[]
Labor & Industry Approval:	[]	[]

Application issued: _____

Application returned: _____

Application submitted to WTPC: _____

Application returned from WTPC: _____

Application submitted to WTMA: _____

Application returned from WTMA: _____

1. Approved:

Date: _____

Signature: _____
(ZONING OFFICER)

Date Issued: _____

2. Disapproved:

Date: _____

Signature: _____
(ZONING OFFICER)

Proposed activity described in the above application is disapproved because: _____

3. Recommend review by Walker Township Planning Commission

Date: _____

Signature: _____
(ZONING OFFICER)

4. Walker Township Planning Commission Review

Date: _____

Signature: _____
(ZONING OFFICER)

5. Walker Township Municipal Authority Review and Approval

Date: _____

Signature: _____
(ZONING OFFICER)

WORKER'S 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.

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 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 township.

Religious exemption under the Worker's Compensation Law.

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

Signature of Applicant _____

Address: _____

(Signature of Notary)

County of: _____

My commission expires: _____

Municipality of: _____

(SEAL)
