

# ZONING/OCCUPANCY PERMIT APPLICATION

Date of Application \_\_\_\_\_

Name \_\_\_\_\_

Address of Property \_\_\_\_\_

Applicant's mailing address \_\_\_\_\_

Email Address \_\_\_\_\_

Phone \_\_\_\_\_

Current use of property? Residential \_\_\_\_\_ Commercial \_\_\_\_\_ Vacant Land \_\_\_\_\_

Other \_\_\_\_\_

What is the proposed project on your property?

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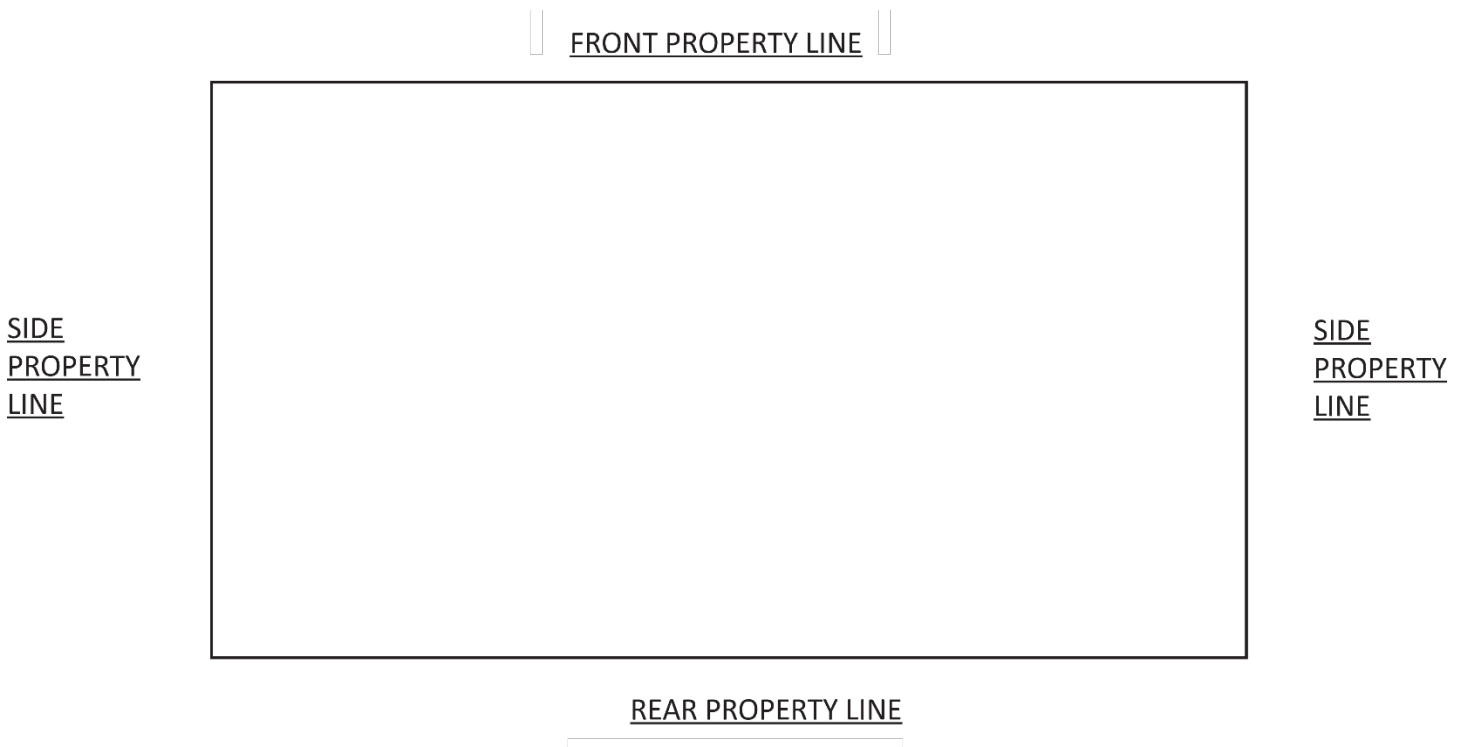
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**KENNEDY TOWNSHIP  
ZONING PERMIT APPLICATION**

Kennedy Township requires that a Zoning Permit be issued for the construction of fences, sheds and other accessory structures that do not require a Building Permit under Township Ordinance No. 478. The purpose of this Permit is to ensure that the materials and property setbacks are in compliance with Township Zoning Ordinance No. 478.

**REQUIREMENTS:**

- The Site Plan below depicting your project and the setbacks from all the adjoining property lines must accompany this application.
- The cost of your project if using a contractor.
- If you are using a contractor, proof of liability and workers compensation insurance must accompany this application; or a completed Waiver form (Provided with application).
- \$50.00 filing fee.



**THIS DIAGRAM REPRESENTS YOUR PROPERTY. DRAW ALL EXISTING BUILDINGS AND NEW PROJECTS SUCH AS SHEDS AND FENCES. INCLUDE THE SETBACK FOOTAGE FROM ALL NEIGHBORING PROPERTY LINES TO THE NEW PROJECT, AND THE HEIGHT AND OTHER PERTINENT MEASUREMENTS OF YOUR PROJECT.**

Workers' Compensation Insurance – Coverage Information Form  
(attach to Building Permit Application)

**A. Name of Applicant** \_\_\_\_\_

Applicant or Contractor is a contractor within the meaning of the Pennsylvania Workers' Compensation law? \_\_\_\_\_ Yes \_\_\_\_\_ No

If the answer is "Yes", complete sections B & D below as appropriate.

If the answer is "No", complete sections C & D below as appropriate.

**B. Insurance Information**

Contractor \_\_\_\_\_

Name

Federal or State Employer Identification Number \_\_\_\_\_

Applicant is a qualified self-insurer for Workers' Compensation \_\_\_\_\_ Certificate attached.

Name of Workers' Compensation Insurer \_\_\_\_\_

Certificate Attached \_\_\_\_\_ Policy Number \_\_\_\_\_ 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:

\_\_\_\_\_ Property owner doing own work. If property owner does hire contractor to perform any work pursuant to building permit, contractor must provide proof of Workers' Compensation Insurance.

\_\_\_\_\_ 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.

\_\_\_\_\_ Religious exemption under the Workers' Compensation Law. All employees of contractor are exempt from Workers' Compensation Insurance (attach copies of religious exemption letters for all employees).

**D. Signatures**

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Municipality of

\_\_\_\_\_  
Address

\_\_\_\_\_  
County of

Subscribed, sworn to and acknowledged before me by the above this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.