Borough of Ambridge
600 Eleventh St.
Ambridge, Pa 15003

FENCE PERMIT APPLICATION

APPLICATION FEE: $40

SPECIFIC INFORMATION REQUIRED FOR FENCE PERMIT APPLICATIONS (Zoning Approval): In addition to the permit application for a new or replacement fence, you must also submit a plot plan of your property indicating your property lines, location of your house, garage and other structures, any existing fence and location of the proposed fence. (see attached sample map) You will need to include dimensions on your plot plan and description of the proposed fence such as height and type.

APPLICANT INFORMATION

DATE: _____

PROPERTY OWNER'S NAME: _____

ADDRESS: _____

HOME PH: _____ CELL PH: _____

ADDRESS OF PROPERTY APPLYING FOR FENCE PERMIT:

_____

TAX PARCEL #: _____ ZONING DISTRICT: _____

REASON FOR REQUEST: _____

NAME & NUMBER OF THE PERSON INSTALLING THE FENCE:

_____

The attached **O.S.H.A. Standards Signoff** AND **Worker's Compensation Addendum** forms must be filled out and accompany application. **Zoning and/or historical district compliance certificates** will be accepted in lieu of this form.

Applicant/owner is responsible for obtaining required highway occupancy permits from the PA. Dept. of Transportation as required under section 402 of the state highway law (36 p.s. §670-420), as well as compliance with the requirements of the borough sewer and water authorities, whether or not.

FOR BOROUGH USE ONLY

Zoning Signoff	O Approved	O Does Not Apply
Historical District Signoff	O Approved	O Does Not Apply
Flood Hazard Area	O Yes	O No

If yes, compliance with §403.62(d)(1)(2)(3) is required.

Comments:_____

_____

_____

Authorized by Title Date

APPLICATION FOR PLAN EXAMINATION AND BUILDING PERMIT

Commercial building permit Residential building permit Temporary use permit

*Project Address City, State, Zip Tax id # Subdivision Lot# Block # Zoning Dist

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*Applicant name (print) Applicant phone & E-mail Applicant mailing address (print)

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*Property owners name (print) Owners phone & E-mail Property owners mailing address (print)

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*Design Professionals name (print) Designers phone and E-mail * Designers mailing address (print)

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*General Contractors name (print) GC's phone & E-mail GC's mailing address (print)

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*Approx. cost of project: _____

*Description of project (new constr., addition, alteration, repair, footing/foundation only, temporary use, etc.)

(*Attach all completed documents with drawings and submit directly to the Municipality*)

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his/her authorized agent and I/we agree to conform to all applicable laws of this jurisdiction. I understand a minimum of three (3) sets of drawings/plans are required for processing. Application is not valid and cannot be processed without signature below.

-A permit will not be issued without Municipal Zoning approval.
-A permit will not be issued without receipt of permit fee paid to the Municipality.
-Home improvement contractors are required to demonstrate registry with the PA Attorney's office to the Municipality.
-Contractors performing asbestos and/or lead abatement or removal must be certified by the Pa Dept of Labor and Industry.

Applicant Signature Print name Date

MIDDLE DEPARTMENT MDIA INSPECTION AGENCY SINCE 1883

Borough of Ambridge
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OSHA SAFETY STANDARDS SIGNOFF

LOCATION OF PROPERTY: _____

PARCEL NUMBER: _____

I am fully aware of the U.S. Department of Labor, Occupation Safety and Health Administration (OSHA) standards and understand that I must comply with these standards for the duration of my construction/demolition project.

_____

Signature of Appllcant/Owner/Contractor Title

_____

Date

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WORKER'S COMPENSATION ADDENDUM

LOCATION OF PROPERTY: _____

PARCEL NUMBER: _____

PART I

The applicant for the building permit, in compliance with Act 44 of 1993, hereby submits (check one):

- o Certificate of Insurance OR
- o Certificate of Self-Insurance (please attach) Affidavit of Exemption

PART II

Basis for exemption (check one):

- o Applicant is an individual who owns the property
- o Contractor/Applicant is a sole proprietorship without employees
- o Contractor/Applicant is a corporation, and the only employees working on the project have and are qualified as "Executive Employees" under Section 104 of the Workers' Compensation Act

Please explain: _____

- o All of the contractor's/applicant's employees on the project are exempt on religious grounds under Section 304.2 of the Workers' Compensation Act.

Please explain: _____

- o Other:

Please explain: _____

My signature on behalf of or as the contractor/applicant for this building permit constitutes my verification that the statement contained here are true, and that I am subject to the penalty of 18 PA C.S.A. §-4904 re/e1/ng to un-sworn falsifications to the authorities.

_____

Signature of Appllcant/Owner/Contractor Title

_____

Date

1 Any subcontractor used on this contract is required to carry their own worker's compensation coverage

2 The applicant is not permitted to employ any individual to perform work on this project pursuant to the permit in violation of the act.

3 Violation of the Workman's Compensation or the terms of this project will subject the applicant to a stop-work order & other fines/penalties provided by law.

STREET NAME: _____

STREET NAME: _____

STREET NAME: _____

STREET NAME: _____

DEMOLITION PLAN

NAME: _____

ADDRESS: _____

PARCEL #: _____ ZONING DISTRICT: _____

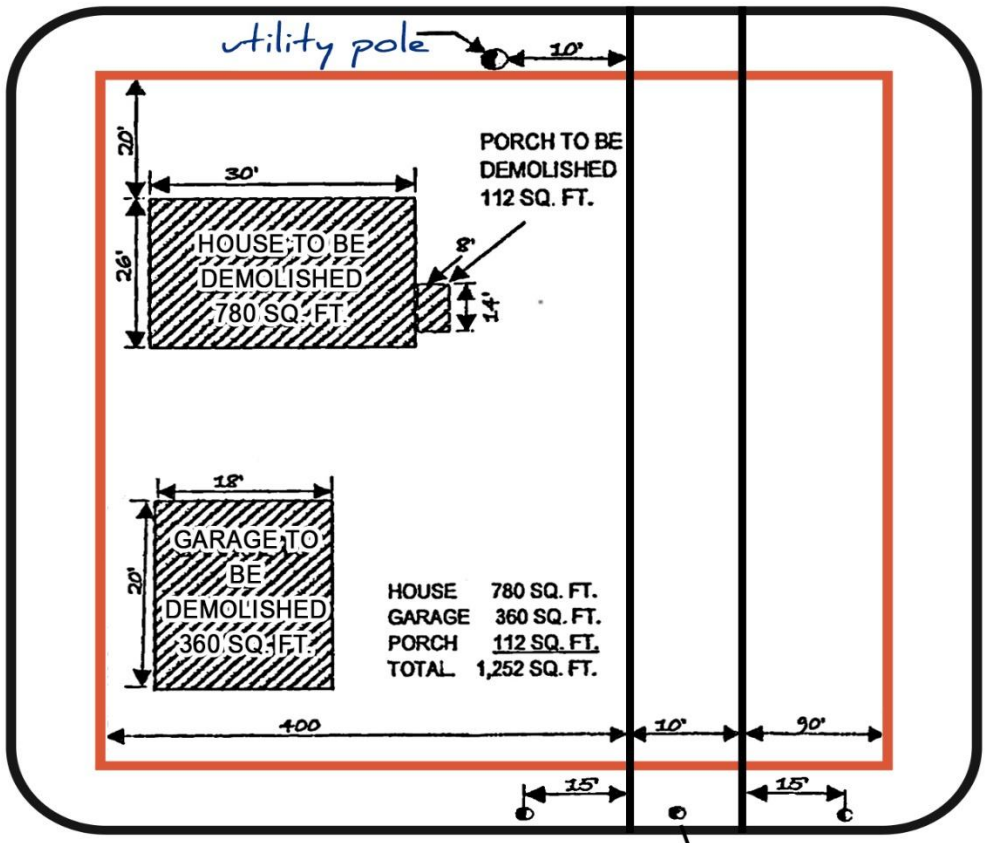
DATE: _____

Example:

STREET NAME: Alley

one way traffic →

← two way traffic →



STREET NAME: 6th Street

STREET NAME: 5th Street

parking meter to be removed

← one way traffic

← two way traffic →

STREET NAME: Maplewood Ave.