



Mailing Address

P.O. Box 277
Dauphin, PA 17018

Phone: 717-921-8128

Office Address

10 Elizabeth Avenue
Dauphin PA, 17018

Fax: 717-474-8146

Middle Paxton Township

Application for Zoning Permit

Permit Issued _____
Permit Fees _____

Permit No. _____ Tax Map No. _____ Date: _____

Property located at: _____

Is property located in an identified flood hazard? _____ Yes _____ No

Owner's Name: _____ Phone No. _____

Address: _____

A. Application is for: (Estimated Cost)

- \$ _____ New Building
- \$ _____ Addition to Building
- \$ _____ Accessory Building
- \$ _____ Temporary Building
- \$ _____ Swimming Pool
- \$ _____ Home Occupation
- \$ _____ Change of Use
- \$ _____ Sign (Type) _____
- \$ _____ Fence/Wall _____

B. Purposed Use:

- _____ One Family Dwelling
- _____ Two-Family Dwelling
- _____ Multi-Family Dwelling
- _____ Industrial Bldg. (Type) _____
- _____ Professional Bldg. _____
- _____ Commercial (Type) _____
- _____ Accessory Use _____
- _____ Other (Type) _____

C. Subdivision Information

Name of Plan _____

Lot No. _____ Type of Lot _____

Existing Buildings _____

Size of Building or Addition _____
(OUTSIDE OF STRUCTURE – not useable space)

D. Lot & Building Dimension & Area

Lot Area _____

Lot Width _____

Lot Depth _____

Front Yard _____ Side Yard _____

Rear Yard _____ Side Yard _____

Attach Plot Plan showing lot, lot dimensions, building location, size of building and set backs

Applicants Name _____ Phone No. _____

Contractor's Name _____ Phone No. _____

(Attach Workmen's Compensation Form)

Sewage Permit No. _____ Zone _____

"I understand that the statements above are subject to penalties under 18 Pa. Con. Stat. Ann. Section 4909 relating to unsworn falsification to authorities."

Signature of Applicant

Workers' Compensation Insurance Coverage Information

A. The applicant is: (select one)

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 No. _____

Applicant is a qualified self-insurer for workers' compensation.
(Certificate attached)

Name of Workers' Compensation Insurer _____

Workers' Compensation Insurance Policy No. _____
(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 worker's compensation insurance under the provisions of Pennsylvania's

Workers' Compensation Law for one of the following reasons, as indicated:

Contractor with no employees. Contractors prohibited by law from employing any individual to perform work pursuant to this building permit unless the contractor provides proof of insurance to the Township.

Religious exemption under the Workers' Compensation Law.

Signature of Applicant _____

Address _____

County of _____

Municipality _____