

PLEASE NOTE!

**AN APPOINTMENT WITH THE PLANNING/ZONING ADMINISTRATOR
IS REQUIRED TO TURN IN YOUR PERMIT.**

**PLEASE CALL FOR AN APPOINTMENT AT 610-759-7434,
MONDAY-FRIDAY, 7:30 A.M. TO 4:00 P.M.**

THANK YOU FOR YOUR COOPERATION!



LOWER NAZARETH TOWNSHIP
 623 Municipal Drive, Suite 200
 Nazareth, PA 18064
 Ph. 610-759-7434/Fax 610-746-3317
www.lowernazareth.com

**BUILDING, ZONING & GRADING
 PERMIT APPLICATION**

TOWNSHIP USE ONLY	
Permit # _____	
Approve/Deny By _____	
Received Stamp	

LOCATION OF PROPOSED WORK OR IMPROVEMENT

Address _____
 Subdivision Name & Lot# (If Known) _____ Tax Map Id# (If Known) _____

RESPONSIBLE PARTIES

Is This Application Being Made By The Property Owner? Yes No → If Not, Then By Whom? Tenant Contractor Other

Applicant _____ Email Address: _____
 Address _____
 Phone #: (____) _____ Alternate Phone #: (____) _____ Fax #: (____) _____

Property Owner: _____ Email Address: _____
 Same as Applicant
 Address: _____
 Phone #: (____) _____ Alternate Phone #: (____) _____ Fax #: (____) _____

Contractor: _____ Email Address: _____
 Not Applicable Property Owner
 Address: _____
 Phone #: (____) _____ Alternate Phone #: (____) _____ Fax #: (____) _____

Worker's Compensation Certificate Required Attached Yes No (Permit will not be released without proof of Worker's Compensation Insurance)

Architect or Engineer: _____ Email Address: _____
 Not Applicable
 Address: _____
 Phone #: (____) _____ Alternate Phone #: (____) _____ Fax #: (____) _____

PERMIT TYPE:

A. BUILDING PERMIT will be for:

- New Structure/Building Foundation only
- Addition to Building/Structure
- Exterior Alterations Emergency Repair
- Sign(s) Alarm or Fire Suppression System
- Accessory Structure +500 s.f. Deck Hot Tub
- Electrical, Plumbing and/or HVAC improvements
- Moving (relocation) Demolition
- Other _____ Not Applicable

B. ZONING PERMIT will be for:

- New Use Change Of Use
- Home Office Home Occupation
- Shed/Accessory Structure <500 s.f. Accessory Structure +500 s.f.
- Fence Deck
- Exterior Alterations, i.e. patios, retaining walls, etc.
- Razing/Demolition Temporary Structure Sign(s)
- Other _____ Not Applicable

C. GRADING PERMIT Not Applicable

DESCRIPTION OF PROPOSED WORK/PURPOSE OF APPLICATION: _____

(COMPLETE THIS PAGE AS APPLICABLE)

D. STRUCTURES:

Accessory Structure(s) Only Not Applicable

Structure Length (Ft) _____ X Width (Ft) _____ = TOTAL AREA OF THE STRUCTURE _____ (Sq. Ft.)

Height: Structure Height _____ (Ft) Number Of Stories _____

Fence

Fence Height: _____ Number of Gates: _____ Type: _____

Principal Structures Only Not Applicable

AREA OF NEW or RENOVATED FLOOR SPACE _____ (Sq. Ft.) TOTAL AREA OF ALL FLOOR SPACE _____ (Sq. Ft.)

1st Floor Space _____ (Sq. Ft.) 2nd Floor Space _____ (Sq. Ft.)

Garage Floor Space _____ (Sq. Ft.) Other Floor Space _____ (Sq. Ft.)

Height: Structure Height _____ (Ft) Number Of Stories _____

Residential Buildings Only: No of Bedrooms _____ No of Bathrooms _____ No of Garage Doors _____

Structure Utilities Not Applicable

Heat Source: Oil Gas Electricity Geothermal Solar Other None

Source of Water Supply: Public On-Lot Well Other None

Sewage Disposal: On-Lot Public Private System None

E. LOT DIMENSIONS, PROPOSED SETBACKS and IMPERVIOUS COVER:

Impervious Cover:

New Impervious Coverage _____ s.f. N/A

Existing Building/Impervious Coverage _____ s.f.

Total Impervious Coverage _____ s.f.

Setback from Proposed Use

Front Yard (Ft) _____

Rear Yard (Ft) _____

Left Side Yard (Ft) _____

Right Side Yard (Ft) _____

Lot Dimensions

Width (Ft) _____

Length (Ft) x _____

Total Lot Area _____ (Sq. Ft.)

or Acre(s) _____

F. ELECTRIC, PLUMBING, HVAC IMPROVEMENTS Not Applicable

New/Upgrade Electrical Svc Electrical Improvements/Modifications New Plumbing Fixtures Additional HVAC Units

New Service Size _____ Utility Co. Job # _____

Non Residential Not Applicable

No. of New Outlets _____ No. of Services & Feeders _____ Amps per service and feeders _____

No. of heating & A/C. units, motors, transformers, and generators _____ hp or kw of kva per unit _____

No. of transformers, vaults, substations, etc. _____ (x3) Multiplier for voltages over 480 volts

G. GRADING TYPE Not Applicable

New Home Inground Pool New Land Development Total Acres To Be Graded _____ Average Slope _____ %

H. FLOODPLAIN Not Applicable

Is the site location within an identified flood hazard area? No Yes (If yes, complete the rest of the questions in Item G)

Will any portion of the flood hazard area be developed? No Yes -> Lowest Floor Level: _____

Will this structure have a basement? No Yes

Owner/Applicant shall verify that any proposed construction and/or development activity complies with the requirements of the National Flood Insurance Program and the Pennsylvania Flood Plain Management Act (Act 166-1978), specifically Section 60.3.

I. ESTIMATED COST OF CONSTRUCTION \$ _____ (To The Nearest Dollar)

SITE OR PLOT PLAN (For Applicant Use)

Check here if separate document(s) attached



The Applicant certifies that all information on this application is correct and the work will be completed in accordance with the "approved" construction documents, PA Act 45 (Uniform Construction Code) and any additional building code requirements adopted by Lower Nazareth Township. The property owner and Applicant assume the responsibility of locating all property lines, setback lines, easements, rights-of-way, flood areas, etc. Issuance of a permit and approval of construction documents shall not be construed as authority to violate, cancel or set aside any provisions of the codes or ordinances of Lower Nazareth Township or any other governing body. The Applicant certifies he/she understands all the applicable codes, ordinances, and regulations. The application, together with plans and attachments, are made part of this application by the undersigned. The Applicant and Owner also agree they are responsible for the replacement of any township road to township standards, which are damaged during the building of the permitted structure or improvement.

Per Sections 403.43(a) and 403.63(a) of Act 45, the Applicant agrees to extend the required action period for 5 business days for any Building Permits that require Zoning/Grading Permit issuance. Per Sections 403.46(b)8 and 403.65(b)8 of Act 45, the Applicant acknowledges that a Certificate of Occupancy will not be issued after the 15th day of April or before the 30th day of September without final lot grading approval by the Township Engineer. A Temporary Certificate of Occupancy may be issued on or after the 30th day of September or on or before the 15th day of April if recommended by the Township Engineer.

Per Section 403.43(m) and 403.63(k) of Act 45, the Applicant shall submit all required fees of the permit, or the permit will be deemed invalid and the application denied.

By signing this application, authorization is granted to any municipal representative of Lower Nazareth Township to access the above property as stated within this application at any reasonable hour; to inspect and verify that any proposed use and/or structure contained within this application and/or that exists on the above property complies with all Lower Nazareth Township ordinances; and states that the information provided on this application by the Applicant(s) and owner(s) is true and correct to the best of their knowledge or belief. The Applicant hereby acknowledges that Lower Nazareth Township and their assigns are the sole producer of construction inspection services for Lower Nazareth Township.

The Applicant also understands that occupancy of the building will not take place until both building construction and site construction are completed as per the permit application and approved site plan.

SIGNATURE OF APPLICANT(S) _____ DATE _____

SIGNATURE OF PROPERTY OWNER(S) _____ DATE _____

Payment must be submitted in CASH or CHECK, payable to: "Lower Nazareth Township".

DO NOT WRITE ON THIS PAGE

OFFICE USE ONLY

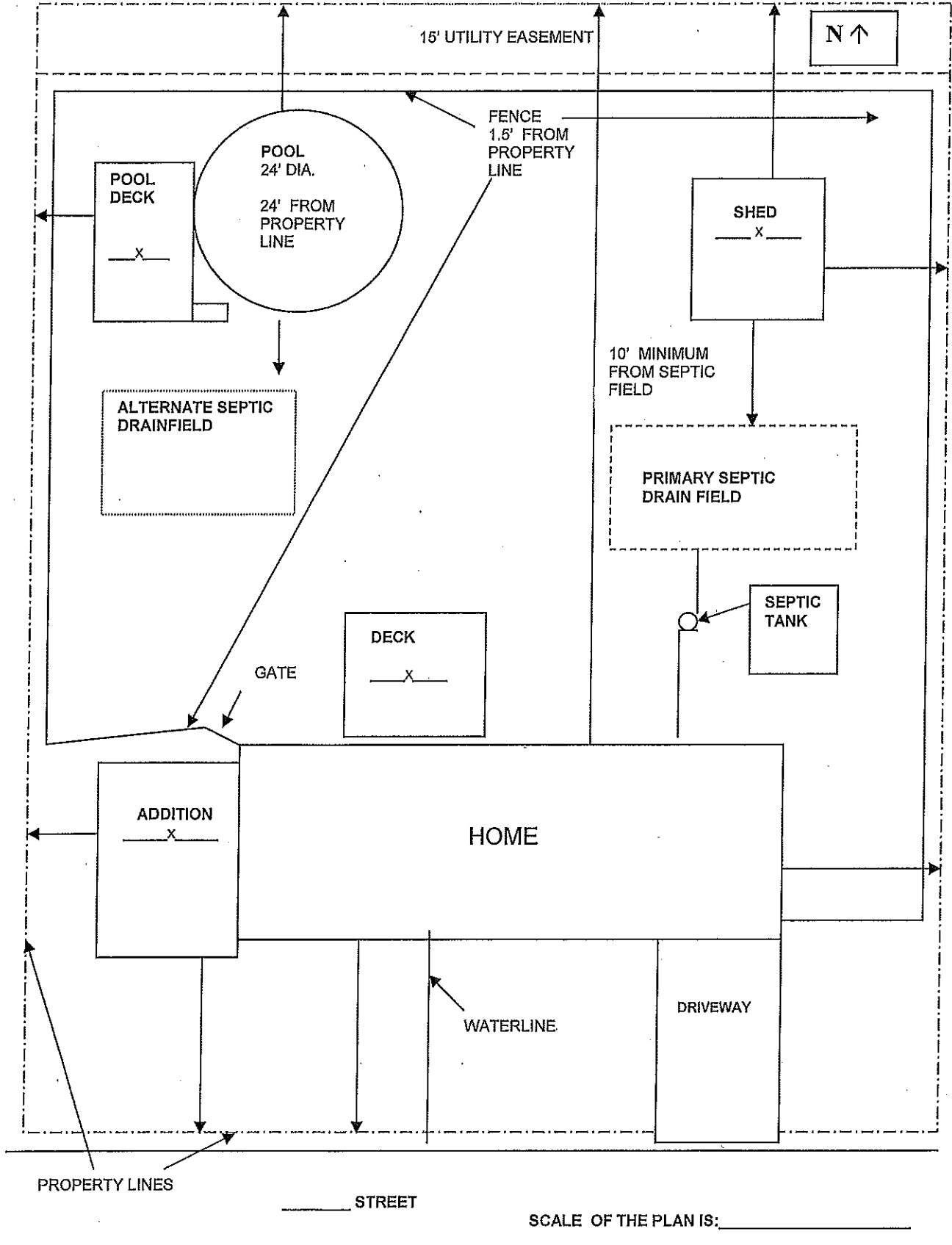
DATE APPLICATION RECEIVED _____

PERMIT FEES			ESCROWS			
Bldg Permit Fee	\$	<input type="checkbox"/> Deposit - BALANCE DUE <input type="checkbox"/> Cash <input type="checkbox"/> Check _____ Receipt # _____	Grading	\$		
Twp Admin & Education Fee	\$		Septic	\$		
TOTAL BUILDING PERMIT FEES	\$		TOTAL FEES	\$		
			Paid By:	<input type="checkbox"/> Cash	<input type="checkbox"/> Check _____	Receipt #
U&O Permit Fee	\$	<input type="checkbox"/> Cash <input type="checkbox"/> Check _____ Receipt # _____	IMPACT FEES			
Septic Admin Fee	\$		OPEN SPACE FEE	\$		
Grading Pmt Fee	\$		Paid By:	<input type="checkbox"/> Cash	<input type="checkbox"/> Check _____	Receipt #
Driveway Pmt Fee	\$		TRAFFIC IMPACT	\$		
Zoning Permit Fee	\$		Paid By:	<input type="checkbox"/> Cash	<input type="checkbox"/> Check _____	Receipt #
TOTAL ZONING PERMIT FEES	\$					

FEE CALCULATION: _____

LOWER NAZARETH TOWNSHIP SAMPLE PLOT PLAN

This plan depicts the type of information you should provide when submitting a Zoning Permit. Arrows represent dimensions from property lines, structures, etc. which should be provided.





LOWER NAZARETH TOWNSHIP
PLANNING & ZONING OFFICE
623 MUNICIPAL DRIVE, SUITE 200
NAZARETH, PA 18064
TELEPHONE: 610-759-7434
FAX: 610-746-3317

**PENNSYLVANIA WORKERS COMPENSATION
INSURANCE COVERAGE INFORMATION AFFIDAVIT**

PLEASE READ DIRECTIONS CAREFULLY BEFORE FILLING OUT THIS FORM. A building or zoning permit will not be issued by Lower Nazareth Township until this form is completed properly.

Please complete all sections. All blank spaces must be completed with the requested information and boxes must be checked as they pertain to your status with the Pennsylvania Workman's Compensation Insurance Law.

If you are claiming an exemption, this form must be signed in front of a notary public.

NOTE: If an exemption is claimed, this form will only be maintained in the Lower Nazareth Township records for one year after the building/zoning permit is issued. It is the responsibility of the contractor to renew this permit yearly. If the contractor wishes to provide a certificate of insurance, the contractor must notify their insurance company that Lower Nazareth Township is to be named as the policy certificate holder on the certificate.



WORKER'S COMPENSATION AFFIDAVIT

Property Owner performing own work. I own this property and will perform all work myself. If I do hire contractors or employees to perform any work under the building permit issued in connection herewith, I, or my contractor will provide proof of worker's compensation insurance immediately.

Contractor will perform work

Name of Contractor _____

Title of Company _____

Address _____

City _____ State _____ Zip Code _____

Phone# (____) _____ Fax # (____) _____ Federal ID Number: _____

Choose only one of the following:

- Certificate of Insurance.** Attached hereto is my Certificate of Insurance or self-insurance evidence compliant with Pennsylvania's Worker's Compensation Law, which insurance or self-insurance remains in full force and effect.
- Contractor has no employees.** As contractor, I will perform all work required in connection with this permit myself. I have no employees and will use no subcontractors. I understand that I am prohibited by law from employing any individual to perform work under the permit issued in connection herewith, unless I provide proof of insurance to Lower Nazareth Township. After receipt of the permit, if I employ any other persons, I agree to notify Lower Nazareth Township and immediately provide proof of workers compensation coverage (NOTARY REQUIRED).
- Contractor uses subcontractors.** I have no employees and will use only subcontractors in performing the work under the permit issued in connection herewith. Prior to commencement of the work I have been provided with evidence or workers' compensation insurance coverage for each subcontractor I will use in performing the work. Alternately, I have been provided with evidence that non-covered subcontractors have no employees and I will not allow them to use employees on the job unless further evidence or worker's compensation coverage is provided to me (NOTARY REQUIRED).
- Religious Exemption.** All of my employees who will perform work under the permit issued in connection herewith are exempt on religious grounds under Section 304.2 of the Worker's Compensation Act. By way of further explanation, I state the following: _____ (NOTARY REQUIRED)

I agree that my failure to comply with the matters set forth in this Affidavit will result in a STOP WORK ORDER and it may not be lifted until proper Worker's Compensation coverage is obtained, or until further proof or exemption is submitted. I further agree that should any required Worker's Compensation coverage terminate during the progress of the work, that I will immediately notify Lower Nazareth Township and understand a STOP WORK ORDER will be issued until coverage is reinstated. My signature on this form constitutes my verification that the statements contained here are true, and that I am subject to the penalty of 18 Pa. C.S.A. 94904 relating to unsworn falsifications to Lower Nazareth Township Municipal representatives or authorities.

Signature _____

NOTARY REQUIRED

Name (Please Print) _____

Subscribed and sworn to before me this

Date _____

_____ day of 20__

seal

(Signature of Notary Public)

My Commission expires: