

DRIVEWAY PERMIT APPLICATION
TUSCARORA TOWNSHIP, PERRY COUNTY, PA

Date: _____

PROPERTY INFORMATION:

Owner: _____ Phone #: _____

Street Address: _____

City/State/Zip: _____

Cell #: _____ Email _____

Parcel ID # 260, _____ (refer to real estate bill) Zoning District _____

CONTRACTOR INFORMATION:

Contractor: _____ Phone #: _____

Street Address: _____

City/State/Zip: _____

Cell #: _____ Email _____

IMPROVEMENT INFORMATION:

Exact location/address of driveway or other improvement

Type of improvement:

- Construct new driveway Pave existing driveway
- Driveway modification with State or Township right-of-way
- Install ditch, drain or sanitary sewer on State or Township Street, road or right-of-way

Cost of driveway improvement: _____ Approximate date work will begin: _____

Materials to be used: _____

Width of driveway: _____ Distance from centerline of roadway to gutter or ditch: _____

Brief description of work: _____

Note: All driveways must be inspected after paving and sealing is complete and where the swale meets the road.

By applying for this permit, I acknowledge that all information provided in this application is complete and accurate, that the work performed will be in conformance with the Pennsylvania Uniform Construction Code.

All necessary State, County and Township requirements have been or will be met.

Applicant Signature _____
Date

(DO NOT WRITE IN SPACES BELOW)

Driveway Permit Issue Date: _____ Permit No. _____ Expiration Date: _____

Driveway Permit Fee: \$75.00 Fee Collected \$ _____ Check No. _____

PLAN OF PROPERTY

Provide a sketch of your property showing outline, dimensions, state or township roads, driveway, existing structures (if any), proposed new structures and distance of structures from property line. (A surveyed plot plan can be provided, if you have one.)

N

S

Not to Scale

Lot Size _____

Zoning District _____

The **WORKER'S COMPENSATION REFORM ACT (ACT 44 OF 1993)** Effective August 31, 1993, requires all municipalities that issue Building/Zoning Permits to require proof of worker's compensation insurance prior to issuing a building/zoning permit to a contractor or to require an affidavit stating that the contractor is not required to carry worker's compensation insurance. An affidavit, by statutory definition, must be notarized. (if Section B or C are completed)

NOTE: If you are the owner of the property where the work is to performed AND you are doing the work yourself or acting as a general contractor, please sign on the applicant's line. Notarization NOT required.

A. The applicant is:

A contractor within the meaning of the Pennsylvania Workers Compensation Law

Yes No (If no, skip Sections B and C and sign below)

If the answer is "yes", complete Sections B and C below as appropriate and have form notarized.

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 Worker's Compensation Insurer _____

Worker's Compensation Insurer 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 workers' compensation insurance under the provisions of Pennsylvania 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 Workers' Compensation Law.

Signature of Applicant _____

Address _____

Phone No.: _____

Subscribed and sworn to before me this

_____ Day of _____ 20 _____

(Signature of Notary Public)

My commission expires: _____

State of _____

(Seal)

County of _____