



# BOROUGH OF MILLERSVILLE BUILDING/ZONING PERMIT APPLICATION

**OFFICE USE ONLY**

Date Received \_\_\_\_\_ Lot No \_\_\_\_\_ Account No \_\_\_\_\_ Permit No. \_\_\_\_\_

**A. Construction Details**Street Address \_\_\_\_\_ Subdivision \_\_\_\_\_ Lot Type  corner  interiorApplication is for  New  Renovation  Addition  Change of Use  Repair/Replace Sign  Home Occ  OtherProposed Use  Single Family  Two Family  Multi-Family  Other Building  Accessory StructureHeating/Cooling  Gas  Oil  Electric  GeoThermal  Central Air

Detail Description \_\_\_\_\_

Dwelling/Addition Width \_\_\_\_\_ Depth \_\_\_\_\_ #Stories \_\_\_\_\_ Square Footage \_\_\_\_\_

Accessory Structure Width \_\_\_\_\_ Depth \_\_\_\_\_ #Stories \_\_\_\_\_ Square Footage \_\_\_\_\_

Total Square Footage \_\_\_\_\_ **Total Cost of Construction** \_\_\_\_\_**B. Owner/Contractor Information**

Owner Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Applicant \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Contractor \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Contractor \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Contractor \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Contractor \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

**C. Authorization**

Is application being made by owner of property \_\_\_\_\_? If not, by what authority \_\_\_\_\_

Estimated Starting Date \_\_\_\_\_

Estimated Completion Date \_\_\_\_\_ Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**D. Required with each Building Permit Application**

- |                                       |  |   |
|---------------------------------------|--|---|
| ▪(3) sets of construction plans       | ▪window and door schedule with U factors | ▪complete the workers comp insurance form   |
| ▪Rescheck or Energy worksheet         | ▪stamped and signed truss drawings       | ▪copy of workers comp insurance certificate |
| ▪plot plan with lot size and setbacks |  | ▪ include total cost of construction        |

**OFFICE USE ONLY****Reviews/Approvals**

Yes No N/A

Historic Comm.    \_\_\_\_\_Zoning    \_\_\_\_\_Building Plans    \_\_\_\_\_Energy Plan    \_\_\_\_\_Stormwater Mgmt.    \_\_\_\_\_Sub Div Land Dev.    \_\_\_\_\_Sewer Tap    \_\_\_\_\_**ZONING HEARING BOARD**

Appeal Number \_\_\_\_\_

Approval Date \_\_\_\_\_

Conditions  yes  no**FEE SCHEDULE**

Building Permit \_\_\_\_\_ Date \_\_\_\_\_

Zoning Permit \_\_\_\_\_ Date \_\_\_\_\_

Total Fee \_\_\_\_\_ Date \_\_\_\_\_

Date Permit Granted \_\_\_\_\_

Date Permit Denied \_\_\_\_\_

\_\_\_\_\_  
Code Enforcement Officer



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## A. The applicant is:

1. A contractor within the meaning of Act 44 of the Pennsylvania Workers' Compensation Law

- Yes       No

If the answer is Yes, complete Sections B & C below, as appropriate

2. A Homeowner

- Yes       No

Note: If you are a homeowner applying for a Building Permit on behalf of a contractor, the contractor must complete this form and provide any required documentation.

## B. Insurance Information:

Name of Applicant \_\_\_\_\_

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

Applicant is a qualified self-insurer for Workers' Compensation.

- Certificate attached

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

Workers' Compensation Insurance Policy Number \_\_\_\_\_

Workers' Compensation Insurance Policy Expiration Date \_\_\_\_\_

## C. Exemption:

Complete and notarize 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 Borough.
- Religious exemption under the Workers' Compensation Law.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
signature of Notary Public

My commission expires: \_\_\_\_\_  
(SEAL)

Signature of Applicant \_\_\_\_\_

Name of Firm \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Date \_\_\_\_\_

**Failure to submit all or part of this information will result in denial of the building permit.**