

THE BOROUGH OF SEWICKLEY
RESIDENTIAL FENCE/WALL PERMIT APPLICATION



Applicant Name _____

Address _____

City _____ State _____ Zip _____

Phone# _____ Email _____

Property Address _____

City _____ State _____ Zip _____

Municipality _____ Tax Parcel ID _____

Is property located in an Historic District? YES NO

If yes, has an Historic Review Application been submitted? YES NO

Will this work require any landscaping and/or tree removal? ___YES ___NO

Is this property in a flood plain zone? ___YES ___NO

General Contractor _____ Contact _____

Address _____

City _____ State _____ Zip _____

Phone# _____ Email _____

Check one below:

New Structure Alteration or Renovation Addition

Height of Proposed Fence/Wall _____

Yard Location (Rear, Front, Side) _____

Transparency (Percentage) _____

Estimated Installation Cost (Labor and Materials) _____

Brief project narrative:

Applicant's certification:

1. The estimated construction cost and all other information provided as part of this application for a building permit is correct.
2. Any changes to the approved documents shall be filed with the Building Department.

Owner Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Owner Signature _____ Date _____

Applicant Signature _____ Date _____

Required Documents:

- One set of specifications/installation instructions
- One Site Plan

****Sewickley Borough Code § 330-604.C.1 requires that notice be given to adjoining properties prior to issuance.****

Signatures of Adjoining Property Owners:

1. Owner Signature _____ Date _____

Street Address _____

2. Owner Signature _____ Date _____

Street Address _____

3. Owner Signature _____ Date _____

Street Address _____

4. Owner Signature _____ Date _____

Street Address _____

5. Owner Signature _____ Date _____

Street Address _____

Fences in Sewickley Borough are regulated by § 330-604. More information can be found on the Borough website.

THE BOROUGH OF SEWICKLEY
ADDENDUM TO BUILDING AND ZONING PERMIT

For completion by municipal official:

Municipality: _____

Date Issued: _____

Permit #: _____

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

Certificate of Insurance (please attach)

Certificate of Self-Insurance (please attach)

Affidavit of Exemption

II. If a certificate of Insurance of Self-Insurance has been submitted, please complete the following:

Name of Insurer or Self-Insurer: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Policy #: _____ Coverage Period Ends: _____

Name of Contractor/Policyholder: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Contractor/Policyholder's Federal or State Employer Identification # (EIN): _____

1. This policy provides coverage for the requirements of the Workers' Compensation Act, the Occupational Disease Act, and, where applicable, the Federal Longshore and Harbor Workers' Compensation Act.
2. The insurer has been notified that the municipality issuing the building permit is to be named a policy certificate holder.
3. Any subcontractors used on this project will be required to carry their own workers' compensation coverage.
4. The contractor/policyholder will notify the municipality of any change in status, cancellation, or expiration of workers' compensation coverage.
5. Violation of the Workers' Compensation Act or the terms of this permit will subject the contractor/policyholder to a stop-work order and other fines and penalties as provided by law.

III. If an exemption is being claimed, please complete the following and sign in the presence of a notary public:

Basis for exemption (check one):

- Applicant is an individual who owns the property
- Contractor/Applicant is a sole proprietorship without employees
- 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:

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

- Other. Please explain:

Name of Applicant: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Applicant's Federal or State Employer Identification # (EIN): _____

1. Any subcontractors used on this project will be required to carry their own workers' 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 Workers' Compensation Act or the terms of this permit will subject the applicant to a stop-work order and other fines and penalties provided by law.

My signature on behalf of or as the contractor/applicant for this building permit constitutes my verification that the statements contained here are true, and that I am subject to the penalty of 18 Pa. C.S.A. S4909 relating to unsworn falsifications to authorities.

Signature

Name (Please print)

Title

Name of Company

**THE BOROUGH OF SEWICKLEY
BUILDING AND ZONING PERMIT AGREEMENT**

This form must be signed by the owner of record and the applicant

In consideration of the issuance by the Borough of Sewickley of a Building or Zoning Permit to the undersigned Applicant, the Applicant acknowledges that, in reviewing plans and specifications, in issuing permits, and in inspecting work of the Applicant, employees of the Borough are only performing their duties to require compliance with the minimum requirements of the applicable ordinances of the Borough pursuant to the police power of the Borough, and are not warranting to the Applicant or to any third party, the quality or adequacy of the design, engineering or work of the Applicant. The Applicant further acknowledges that it will not be possible for the Borough to review every aspect of the Applicant's design and engineering, or to inspect every aspect of the Applicant's work. Accordingly, neither the Borough nor any of its elected or appointed officials or employees shall have any liability to the applicant for defects or shortcomings which should have been discovered during the Borough's review or inspections.

The Applicant agrees to defend, hold harmless, and indemnify the Borough, its elected and appointed officials and employees from and against any and all claims, demands, actions, and causes of action of any one or more third parties arising out of or relating to the Borough's review or inspection of the Applicant's design, engineering or work, or issuance of a permit or permits, or arising out of or relating to the design, engineering or work done by the Applicant pursuant to such permit or permits. All references in this agreement are applicable to the Applicant's employees, agents, independent contractors, subcontractors or any other persons or entities performing work pursuant to the issuance of the Building or Zoning Permit by the Borough.

Furthermore, the Applicant is hereby informed that any violation(s) of the Building Code and/or the Zoning Code for the Borough of Sewickley is subject to fines and penalties as stated in the applicable ordinance(s).

APPLICANT SIGNATURE

DATE

PROPERTY OWNER(S) SIGNATURE

DATE

Must be notarized if the property owner is not the applicant. If this step is not completed, the application will be deemed not complete and the permit will not be issued.

Notary Signature: _____

Notary Stamp:

Date: _____