

Borough of Edgeworth
301 Beaver Road, Edgeworth, PA 15143
(412) 741-2866 Fax (412) 741-6998

Zoning Permit No. _____

FENCE PERMIT APPLICATION

Date Stamp

Zoning Stamp

Location of Proposed Work or Improvement:

Site Address: _____ Tax Parcel No: _____

Site is located in _____ Zoning District

Owner: _____ Phone No: _____

Mailing Address: _____ E-Mail: _____

Contractor: _____ Phone No: _____

Mailing Address: _____ E-Mail: _____

Fence Specifications:

Description of Location of Fence: _____

Proposed Material: _____

Proposed Height: _____

Estimated Construction Cost: \$_____

Survey Included: ☐ Yes ☐ No

A survey indicating the location of the proposed fence must be included with this application.

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Proof of Insurance:

Compliance with the requirements of Act 44 must be demonstrated by filing one (1) of the following three (3) documents with the application for plan examination and building permit:

1. Certificate of Insurance by your insurance carrier as proof of insurance covering the Worker's Compensation Act, the Occupational Disease Act and the Longshore and Harbor Worker's Compensation Act (if applicable); or (completed by all contractors)
2. Certification of Self-Insurance from the Department of Labor and Industry as proof of insurance covering the Worker's Compensation Act, the Occupational Disease Act and the Longshore and Harbor Worker's Compensation Act (if applicable); or (completed by all contractors)
3. A Notarized Affidavit stating that no other persons will be employed for the entire period of the work. (completed if owner is doing work)

Contractors must also supply on company letterhead or billhead their Federal or State Identification Number. Contractors must obtain proof of insurance from subcontractors before a subcontractor can be let and certificates must be furnished to the Borough of Edgeworth.

The Borough of Edgeworth must be named as a Worker's Compensation policy certificate holder. The issuer of the policy must inform the Borough of Edgeworth within three (3) working days of any change in, or termination of, coverage.

AFFIDAVIT

I, _____, do solemnly swear that I will not employ / hire any other persons for the project for which I am seeking a building permit. If, after receipt of the building permit, I employ any other persons I must notify the Borough of Edgeworth and provide within three (3) working days, proof of insurance covering: the Worker's Compensation Act, the Occupational Disease Act and the Longshore and Harbor Worker's Compensation Act (if applicable).

I understand that failure to comply will result in the issuance of a Stop Work Order and that such order may not be lifted until proper coverage is obtained.

Signature of Applicant

Sworn and Subscribed to

Before me this _____ day of

_____, 20 _____.

Signature of Notary Public

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Permitted Work Hours:

Hours of operation for all contractors are **7:00 a.m. to 8:00 p.m.** Monday through Thursday,
and **7:00 a.m. to 5:00 p.m.** Friday and Saturday.

Hours of operation are NOT permitted on Sundays and all Holidays.

Zoning Application (related)

As required by Zoning Ordinance No. 430 adopted on January 18, 1989, and all subsequent Amendments.

Application is hereby made for a permit to erect or alter a structure which shall be located as shown on the attached survey/plans to use the premises for the purposes herewith. The information which follows, together with location diagram, is made part of this application by the undersigned. It is understood and agreed by this applicant that any error, misstatement or misrepresentation of material fact, either with or without intention on the part of this applicant, such as might or would operate to cause a refusal of this application, or any change in the location, size or use of structure or land made subsequent to the issuance of this permit, without approval of the Zoning Office, shall constitute sufficient ground for the revocation of this permit.

I certify that the code administrator or the code administrator's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.

Signature of Owner

Print Name of Owner

Date

Signature of Authorized Agent

Print Name of Authorized Agent

Date

Address of Authorized Agent

Phone No. of Authorized Agent