



**Mailing Address**

P.O. Box 277  
Dauphin, PA 17018

Phone: 717-921-8128

**Office Address**

10 Elizabeth Avenue  
Dauphin PA, 17018

Fax: 717-474-8146

*Middle Paxton Township*

Permit Issued \_\_\_\_\_  
Permit Fees \_\_\_\_\_

**Application for Zoning Permit**

Permit No. \_\_\_\_\_ Tax Map No. \_\_\_\_\_ Date: \_\_\_\_\_

Property located at: \_\_\_\_\_

Is property located in an identified flood hazard? \_\_\_\_\_ Yes \_\_\_\_\_ No

Owner's Name: \_\_\_\_\_ Phone No. \_\_\_\_\_

Address: \_\_\_\_\_

**A. Application is for:**

- \_\_\_\_\_ New Building
- \_\_\_\_\_ Addition to Building
- \_\_\_\_\_ Accessory Building
- \_\_\_\_\_ Temporary Building
- \_\_\_\_\_ Swimming Pool
- \_\_\_\_\_ Home Occupation
- \_\_\_\_\_ Change of Use
- \_\_\_\_\_ Sign (Type) \_\_\_\_\_
- \_\_\_\_\_ Fence/Wall

**B. Purposed Use:**

- \_\_\_\_\_ One Family Dwelling
- \_\_\_\_\_ Two-Family Dwelling
- \_\_\_\_\_ Multi-Family Dwelling
- \_\_\_\_\_ Industrial Bldg. (Type) \_\_\_\_\_
- \_\_\_\_\_ Professional Bldg.
- \_\_\_\_\_ Commercial (Type) \_\_\_\_\_
- \_\_\_\_\_ Accessory Use
- \_\_\_\_\_ Other (Type) \_\_\_\_\_

**C. Subdivision Information**

Name of Plan \_\_\_\_\_

Lot No. \_\_\_\_\_ Type of Lot \_\_\_\_\_

Existing Bldg's \_\_\_\_\_

Size of Building or Addition \_\_\_\_\_  
(OUTSIDE OF STRUCTURE – not useable space)

**D. Lot & Building Dimension & Area**

Lot Area \_\_\_\_\_

Lot Width \_\_\_\_\_

Lot Depth \_\_\_\_\_

Front Yard \_\_\_\_\_ Side Yard \_\_\_\_\_

Rear Yard \_\_\_\_\_ Side Yard \_\_\_\_\_

Attach Plot Plan showing lot, lot dimensions, building location, size of building and set-backs

Applicants Name \_\_\_\_\_ Phone No. \_\_\_\_\_

Contractor's Name \_\_\_\_\_ Phone No. \_\_\_\_\_

(Attach Workman's Compensation form)

**ESTIMATED COST OF PROJECT** \_\_\_\_\_

Sewage Permit No. \_\_\_\_\_ Zone \_\_\_\_\_

**"I understand that the statements above are subject to penalties under 18 Pa. Con. Stat. Ann. Section 4909 relating to unsworn falsification to authorities."**

**Workers' Compensation \_\_\_\_\_ ation**

**Signature of Applicant**

A. The applicant is: (select one)

A contractor within the meaning of the Pennsylvania Workers' Compensation Law

YES

NO

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

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**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 Workers' Compensation Insurer \_\_\_\_\_

Workers' Compensation Insurance Policy No. \_\_\_\_\_  
(Certificate attached)

Policy Expiration Date \_\_\_\_\_

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**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 worker's compensation insurance under the provisions of Pennsylvania's

**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** \_\_\_\_\_

**County of** \_\_\_\_\_

**Municipality** \_\_\_\_\_

**INSPECTION CHECKLIST**  
(FOR CODE ADMINISTRATOR USE ONLY)

Address: \_\_\_\_\_ Permit # \_\_\_\_\_

<b>Required</b>	<b><u>Type</u></b>	<b><u>Date</u></b>	<b><u>Inspector</u></b>	<b><u>Comments</u></b>
	<b>Stake-out</b>	_____	_____	_____
	<b>Final #1</b>	_____	_____	_____
	<b>Certificate of Occupancy</b>	_____	_____	_____