



**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. \_\_\_\_\_

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

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

**A. Application is for: (Estimated Cost)**

\$ \_\_\_\_\_ New Building

\$ \_\_\_\_\_ Addition to Building

\$ \_\_\_\_\_ Accessory Building

\$ \_\_\_\_\_ Temporary Building

\$ \_\_\_\_\_ Swimming Pool

\$ \_\_\_\_\_ Home Occupation

\$ \_\_\_\_\_ Change of Use

\$ \_\_\_\_\_ Sign (Type)

\$ \_\_\_\_\_ Fence/Wall

**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)

**B. Purposed Use:**

\_\_\_\_\_ One Family Dwelling

\_\_\_\_\_ Two-Family Dwelling

\_\_\_\_\_ Multi-Family Dwelling

\_\_\_\_\_ Industrial Bldg. (Type) \_\_\_\_\_

\_\_\_\_\_ Professional Bldg.

\_\_\_\_\_ Commercial (Type) \_\_\_\_\_

\_\_\_\_\_ Accessory Use

\_\_\_\_\_ Other (Type) \_\_\_\_\_

**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 Workmen's Compensation Form)

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."**

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

# Workers' Compensation Insurance Coverage Information

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>	_____	_____	_____