



Mailing Address
P.O. Box 277
Dauphin, PA 17018

Office Address
10 Elizabeth Avenue
Dauphin PA, 17018

Phone: 717-921-8128

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: (Estimated Cost)

- \$ _____ 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 Setback _____ Side Yard Setback _____

Rear Yard Setback _____ Side Yard Setback _____

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.

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 _____

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 _____