



BOROUGH OF AMBRIDGE

600 ELEVENTH STREET
AMBRIDGE, PA 15003
724-266-4070

APPLICATION FOR FENCE PERMIT

\$40.00

SPECIFIC INFORMATION REQUIRED FOR FENCE PERMIT APPLICATIONS (Zoning Approval):

In addition to the permit application for a new or replacement fence you must also submit a plot plan of your property indicating your property lines, location of your house, garage and other structures, any existing fence and location of the proposed fence. (see attached sample map) You will need to include dimensions on your plot plan and description of the proposed fence such as height and type.

Applicant Information: _____ Date: _____

Property Owner's Name: _____

Home Address: _____

Phone (s): _____ (Home) _____ (Cell)

Address of Property Applying for Fence Permit: _____
Ambridge, PA 15003

Tax Parcel Number: _____ Zoning District: _____

What is the reason the Fence being requested? _____

Who will be Installing Fence: _____
 (Name & Phone Number)

****Attached O.S.H.A. Standars Signoff AND Worker's Compensation Addendum forms are attached.
These forms must be fill out and accompany application.**

ZONING AND/OR HISTORICAL DISTRICT COMPLIANCE CERTIFICATES WILL BE ACCEPTED IN LIEU OF THIS FORM.

APPLICANT/OWNER IS REPSONSIBLE FOR OBTAINING REQUIRED HIGHWAY OCCUPANCY PERMITS FROM THE PA. DEPT. OF TRANSPORTATION AS REQUIRED UNDER SECTION 402 OF THE STATE HIGHWAY LAW (36 P.S. §670-420) AS WELL AS COMPLIANCE WITH THE REQUIREMENTS OF THE BOROUGH SEWER AND WATER AUTHORITIES, WHETHER OR NOT .

FOR BOROUGH USE ONLY

- ZONING SIGNOFF** **Approved** **Does Not Apply**
- HISTORICAL DISTRICT SIGNOFF** **Approved** **Does Not Apply**
- FLOOD HAZARD AREA** **Yes** **No**

If yes compliance with §403.62(d)(1)(2)(3) is required.

Comments: _____

Authorized by: _____
(Title) (Date)

APPLICATION FOR PLAN EXAMINATION AND BUILDING PERMIT

Commercial building permit Residential building permit Temporary use permit

*Project Address City, State, Zip Tax id # Subdivision Lot# Block # Zoning District

*Applicant name (print) Applicant phone & E-mail Applicant mailing address (print)

*Property owners name (print) Owners phone & E-mail Property owners mailing address (print)

*Design Professionals name (print) Designers phone and E-mail Designers mailing address (print)

*General Contractors name (print) GC's phone & E-mail GC's mailing address (print)

*Approx. cost of project: _____

*Description of project (new const., addition, alteration, repair, footing/foundation only, temporary use, etc.)
 (*Attach all completed documents with drawings and submit directly to the Municipality*)

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his/her authorized agent and I/we agree to conform to all applicable laws of this jurisdiction. I understand a minimum of three (3) sets of drawings/plans are required for processing. Application is not valid and cannot be processed without signature below.

- A permit will not be issued without Municipal Zoning approval.
- A permit will not be issued without receipt of permit fee paid to the Municipality.
- Home improvement contractors are required to demonstrate registry with the PA Attorney's office to the Municipality.
- Contractors performing asbestos and/or lead abatement or removal must be certified by the Pa Dept of Labor and Industry.

Applicant Signature

Print name

Date

NIRA Consulting Engineers is a Certified Third Party Agency as per the requirements of the Pennsylvania Uniform Construction Code.





BOROUGH OF AMBRIDGE

Department of Zoning & Code Enforcement

600 Eleventh Street
Ambridge, PA 15003-2377
(724) 266-4070
FAX: (724) 266-9191
codes@ambridgeboro.org

O.S.H.A SAFETY STANDARDS SIGNOFF

LOCATION OF PROPERTY: _____

PARCEL NUMBER: _____

I AM FULLY AWARE OF THE U.S. DEPARTMENT OF LABOR, OCCUPATION
SAFETY AND HEALTH ADMINISTRATION (OSHA) STANDARDS AND
UNDERSTAND THAT I MUST COMPLY WITH THESE STANDARDS FOR THE
DURATION OF MY CONSTRUCTION/DEMOLITION PROJECT.

Signature of Applicant/Owner/Contractor

Title

Date Signed



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WORKER'S COMPENSATION ADDENDUM

LOCATION OF PROPERTY: _____

PARCEL NUMBER: _____

PART I

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

- Certificate of Insurance OR Certificate of Self-Insurance (please attach)
- Affidavit of Exemption

PART II

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: _____

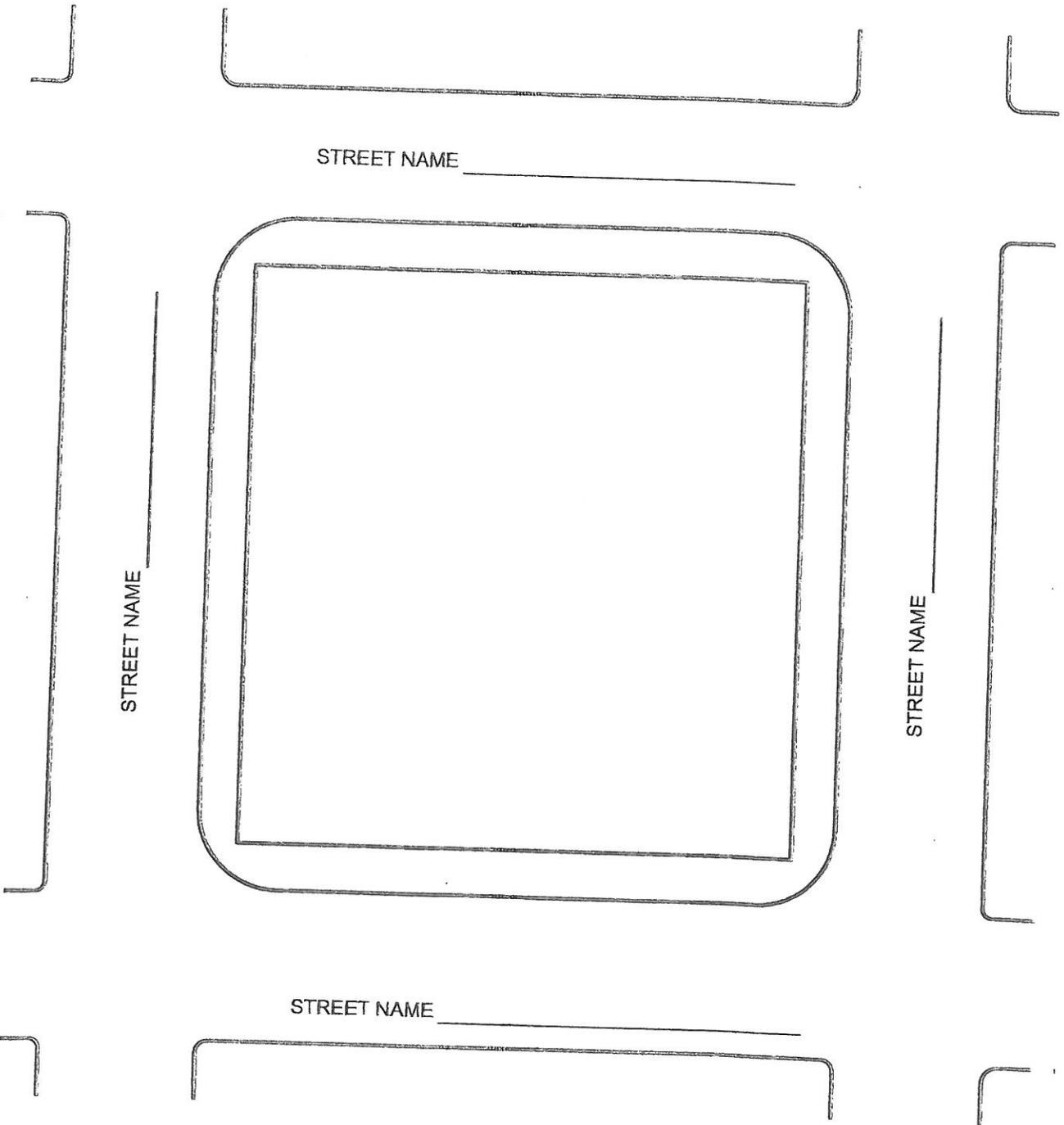
My signature on behalf of or as the contractor/applicant for this building permit constitutes my verification that the statement contained here are true, and that I am subject to the penalty of 18 PA C.S.A. §4904 relating to un-sworn falsifications to authorities.

Signature of Applicant/Owner/Contractor

Title

Date Signed

1 Any subcontractor 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 this Act.
 3 Violation of the Workers' Compensation Act or the terms of this permit will subject the applicant to a stop-work order & other fines & penalties provided by law.

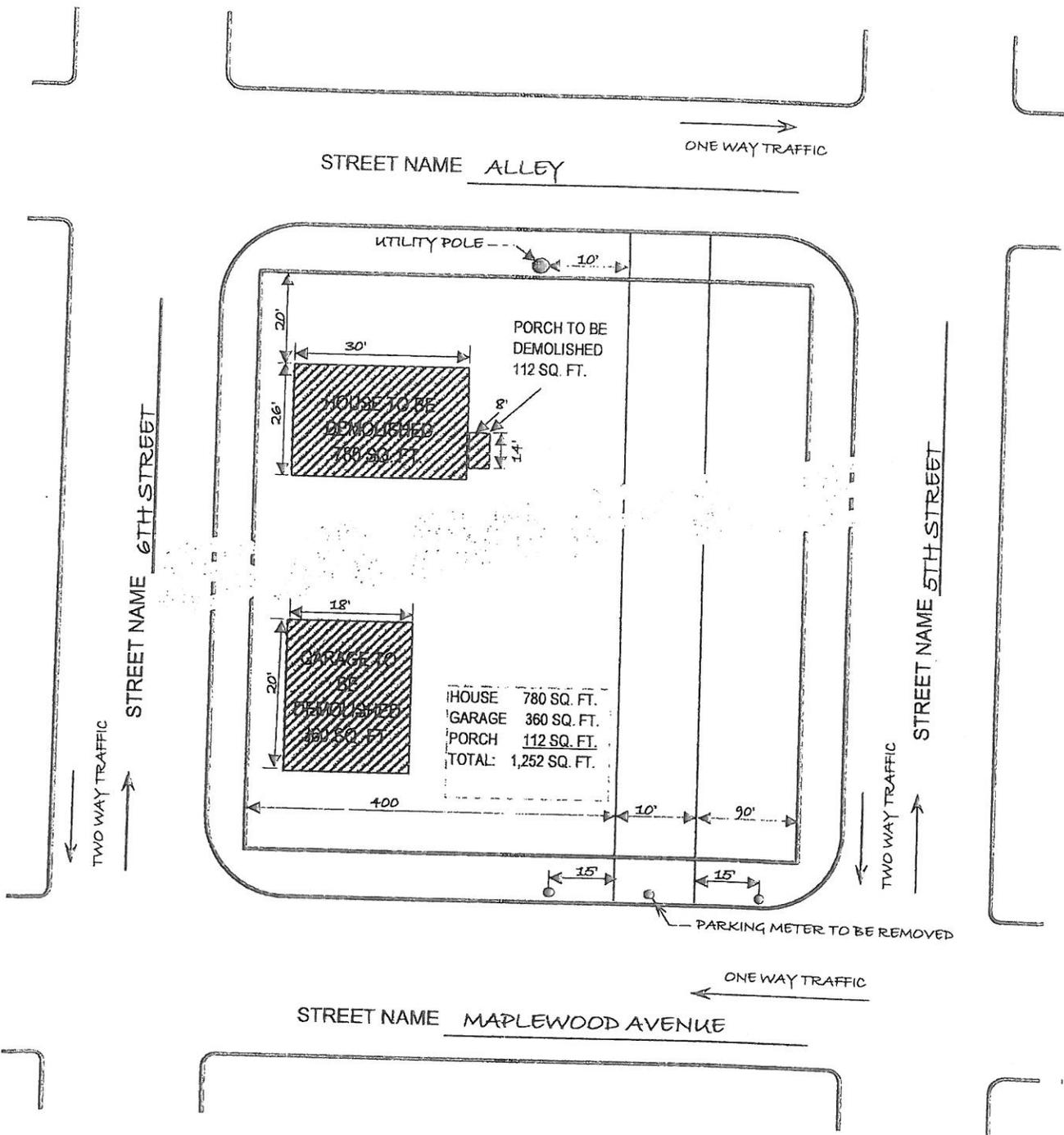


DEMOLITION PLAN

Name _____

Address _____

Parcel # _____ Zoning District _____ Date _____



DEMOLITION PLAN

Name _____

Address _____

Parcel # _____ Zoning District _____ Date _____