

BOROUGH OF CRAFTON

Zoning Compliance Permit Application

SECTION I. • SITE LOCATION INFORMATION

SITE ADDRESS: _____ LOT & BLOCK: _____

PRIMARY BUILDING TYPE RESIDENTIAL COMMERCIAL

SECTION II. • PROJECT DESCRIPTION

RESIDENTIAL ACCESSORY USE STRUCTURE FENCE RETAINING WALL
(Garage, Shed, etc. under 1000 square feet) (Under 6 feet in height) (Under 4 feet in height)

SIGN INSTALLATION OR REPLACEMENT

SIGN SIZE: _____ x _____ = _____ Sq. Ft BUILDING FRONTAGE (linear feet): _____

OTHER: _____

ESTIMATED START DATE: _____ ESTIMATED COMPLETION DATE: _____

SECTION III. • APPLICANT/OWNER INFORMATION

APPLICANT NAME: _____

APPLICANT ADDRESS: _____

PHONE: _____ FAX: _____ CELL: _____

E-MAIL _____

PROPERTY OWNER: SAME AS APPLICANT

OWNER NAME: _____

OWNER ADDRESS: _____

PHONE: _____ FAX: _____ CELL: _____

E-MAIL _____

SECTION IV. • CONTRACTOR INFORMATION

CONTRACTOR NAME: _____

CONTRACTOR ADDRESS: _____

PHONE: _____ FAX: _____ CELL: _____

CONTACT NAME: _____ PA REGISTRATION NO. _____

E-MAIL _____

SECTION V. • LOT DIMENSIONS AND COVERAGE INFORMATION

(APPLICABLE TO ACCESSORY STRUCTURE APPLICATIONS ONLY)

LOT DIMENSIONS: _____ x _____ = _____ Sq. Ft.

EXISTING BUILDING : _____ x _____ = _____ Sq. Ft.

PROPOSED AREA: _____ x _____ = _____ Sq. Ft.

(COVERAGE AS PERCENTAGE OF LOT)

EXISTING STRUCTURE: _____

PROPOSED ADDITION: _____

TOTAL LOT COVERAGE: _____

APPLICANT MUST REVIEW AND SIGN THE REVERSE SIDE OF THIS APPLICATION

QUESTIONS REGARDING THIS APPLICATION CAN BE DIRECTED TO THE BUILDING INSPECTION OFFICE AT (412) 921-0752 x 18.

100 STOTZ AVENUE • PITTSBURGH, PA 15205 • PHONE (412) 921-0752 • FAX (412) 921-0752 • WWW.CRAFTONBOROUGH.COM

Updated 10/2021

ADDRESS:

DATE APPROVED:

PERMIT NO.

PLAN NUMBER

BOROUGH OF CRAFTON

Zoning Compliance Permit Application

SITE ADDRESS: _____ LOT & BLOCK: _____

DETAILS OF WORK TO BE PERFORMED:

PERMIT FEES: SHED, FENCES, & RETAINING WALLS (ETC.)	\$35.00 (zoning only)
SIGN PERMIT	\$25.00 plus \$2.00 per square foot per sign face).
TEMPORARY OR A FRAME SIGNS	\$25.00 per year.

IMPORTANT INFORMATION • PLEASE READ!

APPLICANT ACKNOWLEDGEMENT AND CERTIFICATION

By signing below, I certify that I am the property owner or authorized agent thereof and all information contained herein and/or furnished by me along with this application is true and correct to the best to my knowledge. Furthermore, I acknowledge:

- This project will be constructed in accordance with the approved drawings and/or specifications and in compliance with the Borough of Crafton Zoning Ordinance and other applicable codes and ordinances.
- Any changes to the project from the submitted plans or documents must be approved by the Zoning Official.
- The owner or applicant agrees to provide any additional information as may be required by the Zoning Official.
- The Borough of Crafton and its authorized representatives shall have the authority to enter areas covered by such permit at any reasonable hour to inspect and enforce applicable provisions of the codes and ordinances.
- Applicant shall provide and attach hereto a copy of the construction contract with the licensed contractor.
- Contractor shall provide proof of current general liability insurance.
- Applicant shall provide and attach here to a signed copy of the Workers' Compensation Addendum.

SIGNATURE OF APPLICANT OR AGENT: _____

PRINT NAME: _____ DATE: _____

***** OFFICE USE ONLY *****

DATE RECEIVED: _____	ZONING PERMIT FEE: _____
ZONING PERMIT: <input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED	ZONING DISTRICT: _____
DATE ISSUED: _____	ZONING COMPLIANCE: <input type="checkbox"/> YES <input type="checkbox"/> NO
INSPECTOR: _____	CONDITIONAL USE REQUIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO
PERMIT NUMBER: _____	ZONING VARIANCE REQUIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO
REASON(S) FOR DENIAL: _____	

BOROUGH OF CRAFTON

WORKERS' COMPENSATION ADDENDUM

(REQUIRED TO BE ATTACHED TO ALL BUILDING PERMIT APPLICATIONS)

SITE ADDRESS: _____ LOT & BLOCK: _____

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 (must be attached).
- Affidavit of Exemption

PART II

Basis and Affidavit of Exemption

- Applicant is an Individual who owns the property.
- Contractor/Applicant is a sole proprietorship without employees.
- Contractor/Applicant is a corporation, and the only employee working on the project have and are qualified as "Executive Employees" under Section 104 of the Workers' Compensation Act.
- All of the contractor/applicant's employees on the project are exempt on religious grounds under Section 304.2 of the Workers' Compensation Act.
- Other: Please Explain: _____

My signature on behalf of or as the contractor/applicant for this building permit constitutes my verification that the statements contained herein are true and that I am subject to the penalties of 18 Pa C.S.A. 4904 relating to un-sworn falsification to authorities.

SIGNATURE OF APPLICANT OR AGENT: _____

PRINT NAME: _____ DATE: _____

BOROUGH OF CRAFTON

SITE ADDRESS: _____ LOT & BLOCK: _____

