

PINE GROVE BOROUGH

One Snyder Avenue
Pine Grove, PA 17963

PERMIT OFFICER – 800-257-2190

BOROUGH USE ONLY	
Permit # _____	
Date ____/____/____	
Fees Paid – Ck # _____	Cash _____

Permit Officer	

APPLICATION FOR SIDEWALK, DRIVEWAY ENTRANCE, & CURB PERMIT APPROVAL

Site Address _____	Is this a corner lot ? <input type="checkbox"/> Yes <input type="checkbox"/> No
Owner _____	Day Time Phone _____
Mailing Address _____	City _____ State _____
Applicant _____	Phone _____ Cell _____
Contractor _____	Cell Phone _____
Mailing Address _____	City _____ State _____

TYPE OF IMPROVEMENT (Check All That Apply)

- Repair/replacement to an existing Public Sidewalk New Public Sidewalk Driveway Entrance Curb

Describe the proposed work in detail: _____

Will the proposed work be conducted within the PennDOT Right-of-way? Yes No

TYPE OF WARNING DEVICES TO BE USED DURING CONSTRUCTION - Suitable Barriers Signs Lights

ESTIMATED COST OF CONSTRUCTION (reasonable fair market value) \$ _____

Cost of construction subject to verification by the Building Official based on current valuation tables.

ESTIMATED START DATE OF PROJECT _____ COMPLETION DATE _____
(**/**/****) (**/**/****)

By signing below, I the applicant, state that I have received and read a copy of Pine Grove Borough Ordinance Number 254, otherwise known as Pine Grove Curb and Sidewalk Ordinance and hereby release the Pine Grove Borough of any and all liability of whatever nature arising during the performance of work or as a result of work for which this permit may be granted. The permit applications will be reviewed on a first come, first serve basis. The time frame will vary with our workload. A permit will not be issued until the applications meets all the ordinances and codes of Pine Grove Borough and all fees have been paid. **No work shall begin prior to issuance of a permit. This permit is void if construction is not started within 180 days or is discontinued for a period of 180 days or more.**

I certify that all facts in the application and all accompanying documentation are true and correct.

Signature of Applicant

Print/Type Name

Date

Signature of Owner

Print/Type Name

Date

CONTRACTORS WORKERS' COMPENSATION INSURANCE COVERAGE INFORMATION

(Attach to permit application)

A. The Applicant is -

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

YES NO (Complete Worker's Comp. Affidavit)

If the answer is "yes", complete Section 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 Workers' Compensation Insurance under the provisions of Pennsylvania 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 permit unless contractor provides proof of insurance to the borough.

Religious exemption under the Workers' Compensation Law.

Signature of Applicant _____

Address _____

City _____ State _____ Zip _____

WORKER'S COMPENSATION AFFIDAVIT
(Attach to permit application)

I _____ (Print Name) do solemnly swear that I will not employ/hire any other persons for the project for which I am seeking a building permit.

After receipt of the building permit if I employ any other persons I must notify the Borough Office and provide proof of Workers' Compensation coverage within three working days.

I understand that failure to comply will result in a stop-work order and that such order may not be lifted until proper coverage is obtained as provided by Section 302 (e) (4) of the Act of June 2, 1915 (P.L. 736) known as the Pennsylvania Workmens' Compensation Act. reenacted and amended June 21, 1939 and amended December 5, 1974 and amended July 2, 1993 (P.L.)

Will there be any sub-contractors used on this job?

Yes _____ (Complete Sub-contractor form) No _____

Are the sub-contractors covered under the General Contractor's liability insurance?

Yes _____ No _____

Signature _____ Date _____