

LAWRENCE PARK TOWNSHIP ZONING PERMIT – RESIDENTIAL

TOWNSHIP OF LAWRENCE PARK, ERIE, PA 16511

Type of permit: New Bldg(s): \_\_\_\_\_ Additions: \_\_\_\_\_ Demolition: \_\_\_\_\_ Relocation \_\_\_\_\_

Other: \_\_\_\_\_

Location of property: \_\_\_\_\_

Map: \_\_\_\_\_ Block: \_\_\_\_\_ Parcel: \_\_\_\_\_ Subdivision: \_\_\_\_\_

Dist.29 \_\_\_\_\_ Size of lot: \_\_\_\_\_ Zone designation: \_\_\_\_\_

Applicant: \_\_\_\_\_

NAME	ADDRESS	ZIP	PHONE
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Owner: \_\_\_\_\_

Builder: \_\_\_\_\_

Arch/Eng: \_\_\_\_\_

Type of construction: \_\_\_\_\_ Type of occupancy: \_\_\_\_\_

Size of Bldg: \_\_\_\_\_ Height above grade: \_\_\_\_\_

Foundation Walls: \_\_\_\_\_ Exterior Walls: \_\_\_\_\_

No. Floors: \_\_\_\_\_ Cellar (Yes/No): \_\_\_\_\_ Roof covering: \_\_\_\_\_

Garage on lot (Yes/No): \_\_\_\_\_ Connected (Yes/No): \_\_\_\_\_ Separate (Yes/No): \_\_\_\_\_ Size: \_\_\_\_\_

Front yard available: \_\_\_\_\_ Required: \_\_\_\_\_

Side yard available (N or S): \_\_\_\_\_ Required: \_\_\_\_\_

Side yard available (E or W): \_\_\_\_\_ Required: \_\_\_\_\_

Rear yard available: \_\_\_\_\_ Required: \_\_\_\_\_

No. off street parking spaces available: \_\_\_\_\_ Required: \_\_\_\_\_

Cost: \_\_\_\_\_ Fee: \_\_\_\_\_ Is property within flood area: \_\_\_\_\_ Lake bank: \_\_\_\_\_

*The shape of my lot and the location of my proposed building are accurately set forth to scale in a plan on the back of this sheet or attached, including:*

- 1.) Lot dimensions, including front property line, curb line, and street width.
- 2.) Dimensions of proposed building or buildings. Include chimneys, patios, porches, and roof overhangs. In case of attached garage, indicate portion that is to be garage.
- 3.) Dimensions of existing buildings on lot.
- 4.) Include dimensions from proposed and existing buildings, if any, to lot lines and from each other.
- 5.) Scale of drawing.
- 6.) Indicate North.
- 7.) Height of existing structures, if any, on abutting lots.
- 8.) Dimensions for existing structures on abutting lots, if any.

Comments: \_\_\_\_\_

*I hereby certify that I understand the foregoing and it is, together with the attached plot plan, a true representation of my intended construction and or use.*

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

Approved: \_\_\_\_\_ 20\_\_ Issued: \_\_\_\_\_ 20\_\_ Permit No.: \_\_\_\_\_

Refused: \_\_\_\_\_ 20\_\_ Zoning Administrator: \_\_\_\_\_

Reason for refusal: \_\_\_\_\_

LAWRENCE PARK TOWNSHIP ZONING PERMIT – RESIDENTIAL

TOWNSHIP OF LAWRENCE PARK, ERIE, PA 16511

Type of permit: New Bldg(s): check one if applicable Additions: \_\_\_\_\_ Demolition: \_\_\_\_\_ Relocation \_\_\_\_\_  
Other: i.e., fence, deck storage shed, garage, ect. \_\_\_\_\_

Location of property : your property \_\_\_\_\_

Map :leave these lines blank Block: \_\_\_\_\_ Parcel: \_\_\_\_\_ Subdivision: \_\_\_\_\_

Dist.29 \_\_\_\_\_ Size of lot: outside dimensions. i.e. 60 x 120 Zone designation: \_\_\_\_\_

Applicant: name, address, and phone # \_\_\_\_\_

NAME ADDRESS ZIP PHONE

Owner: If you are not the owner, write owners name here \_\_\_\_\_

Builder: If you are the builder, write your name. Otherwise, write in builder's name \_\_\_\_\_

Arch/Eng: Write in name, if applicable \_\_\_\_\_

Type of construction: i.e. wood frame, masonry Type of occupancy: i.e. storage, residential

Size of Bldg: outside dimensions Height above grade: height from dirt to peak of roof

Foundation Walls: i.e. concrete, block, treated lumber Exterior Walls: i.e. masonry, wood frame

No. Floors: \_\_\_\_\_ Cellar (Yes/No): \_\_\_\_\_ Roof covering: i.e. shingle, galvanized metal, fiberglass

Garage on lot (Yes/No): \_\_\_\_\_ Connected (Yes/No): \_\_\_\_\_ Separate (Yes/No): \_\_\_\_\_ Size: outside dimensions

Front yard available: distance from house to lot line Required: leave blank

Side yard available (N or S): distance from house to lot line Required: leave blank

Side yard available (E or W): distance from house to lot line Required: leave blank

Rear yard available: distance from house to lot line Required: leave blank

No. off street parking spaces available: Business District only Required: leave blank

Cost: how much it will cost you Fee: leave blank Is property within flood area: \_\_\_\_\_ Lake bank: \_\_\_\_\_

*The shape of my lot and the location of my proposed building are accurately set forth to scale in a plan on the back of this sheet or attached, including:*

- 1.) Lot dimensions, including front property line, curb line, and street width.
- 2.) Dimensions of proposed building or buildings. Include chimneys, patios, porches, and roof overhangs. In case of attached garage, indicate portion that is to be garage.
- 3.) Dimensions of existing buildings on lot.
- 4.) Include dimensions from proposed and existing buildings, if any, to lot lines and from each other.
- 5.) Scale of drawing.
- 6.) Indicate North.
- 7.) Height of existing structures, if any, on abutting lots.
- 8.) Dimensions for existing structures on abutting lots, if any.

Comments: \_\_\_\_\_

*I hereby certify that I understand the foregoing and it is, together with the attached plot plan, a true representation of my intended construction and or use.*

Applicant's signature: sign here Date: \_\_\_\_\_

Comments: \_\_\_\_\_

**NOTHING BELOW THIS LINE**

Approved: \_\_\_\_\_ 20 Issued: \_\_\_\_\_ 20 Permit No.: \_\_\_\_\_

Refused: \_\_\_\_\_ 20 Zoning Administrator: \_\_\_\_\_

Reason for refusal: \_\_\_\_\_

## Addendum to Building Permit

*For completion by municipal official:*

Municipality: \_\_\_\_\_

Date Issued: \_\_\_\_\_

Permit No.: \_\_\_\_\_

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

Certificate of Insurance (please attach)

Certificate of Self-Insurance (please attach)

Affidavit of Exemption

If a Certificate of Insurance or Self-Insurance has been submitted, please complete the following:

Name of Insurer or Self-Insurer: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Policy No.: \_\_\_\_\_ Coverage Period Ends: \_\_\_\_\_

Name of Contractor/Policyholder: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contractor/ Policyholder's federal or state employer identification number (EIN): \_\_\_\_\_

1. This policy provides coverage for the requirements of the Workers' Compensation Act, the Occupational Disease Act, and, where applicable, the federal Longshore and Harbor Workers' Compensation Act.
2. The insurer has been notified that the municipality issuing the building permit is to be named a policy certificate holder.
3. Any subcontractors used on this project will be required to carry their own workers' compensation coverage.
4. The contractor/policyholder will notify the municipality of any changes in status, cancellation or expiration of workers' compensation coverage.
5. Violation of the Workers' Compensation Act or the terms of this permit will subject the contractor/policyholder to a stop-work order and other fines and penalties as provided by law.

If an exemption is being claimed, please complete the following and sign in the presence of a notary public:

Basis for exemption (check one):

Applicant is an individual who owns the property

Contractor/Applicant is a solo 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:

\_\_\_\_\_  
\_\_\_\_\_

## Plot Plan Requirements

1. Show dimensions of lot.
2. Calculate square footage of lot =  $L \times W$
3. Show dimensions of all structures, existing and proposed.
4. Calculate and list square footage of all structures, existing and proposed.
5. List what 30% of the lot coverage would be.
6. Show all dimensions between structures, proposed structures and lot lines.
7. Show road, and list width of road right of way. Label the road name.
8. Show proposed deck, addition or other structures, label them as proposed, and use a different colored pencil, add setbacks to lines.
9. Show existing house, deck, addition, or other structures, label them as existing.
10. Show scale.
11. Show north, south, east, and west.
12. Put a house number on existing house if applicable.

# Plot Plan Worksheet

1. Lot Dimensions

\_\_\_\_\_ (width) X \_\_\_\_\_ (length) = \_\_\_\_\_ SQ FT of Lot

2. Multiply SQ. FT of lot x .30%

Lot SQ. FT \_\_\_\_\_

    x .30

Line 2 Total = \_\_\_\_\_

3. List SQ. FT of all existing structures (Pole barns, garage, ect.)

Add SQ. FT of all structures and enter total at the bottom:

A. \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_ SQ. FT

B. \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_ SQ. FT

C. \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_ SQ. FT

D. \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_ SQ. FT

E. \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_ SQ. FT

F. \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_ SQ. FT

G. \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_ SQ. FT

Line 3 Total \_\_\_\_\_ SQ. FT

4. Proposed Structures

A. \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_ SQ. FT

B. \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_ SQ. FT

C. \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_ SQ. FT

D. \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_ SQ. FT

E. \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_ SQ. FT

Line 4 Total \_\_\_\_\_ SQ. FT

5. Add Totals of line 3 and 4

Total of line 3 \_\_\_\_\_

Total of line + 4 \_\_\_\_\_

Line 5 Total = \_\_\_\_\_

6. Find how many square feet remains that you could put a structure on:

A. List total from line 2 \_\_\_\_\_

B. List total from line 5 and subtract it from line 2, the amount of SQ. footage on the lot that could be covered with structures, will be represented by line 6 total.

Total of line 2 \_\_\_\_\_

Total of line 5 - \_\_\_\_\_

Line 6 Total = \_\_\_\_\_

# Plot Plan Worksheet \*EXAMPLE\*

1. Lot Dimensions

$$\underline{168} \text{ (width) X } \underline{172} \text{ (length) = } \underline{28,896} \text{ SQ FT of Lot}$$

2. Multiply SQ. FT of lot x .30%

$$\begin{array}{r} \text{Lot SQ. FT} \quad 28,896 \\ \quad \quad \quad \times \underline{.30} \end{array}$$

Line 2 Total = 8,668

3. List SQ. FT of all existing structures (Pole barns, garage, ect.)

Add SQ. FT of all structures and enter total at the bottom:

A. 10 x 16 Shed = 160 SQ. FT

B. 32 x 54 House = 1728 SQ. FT

C.      x                           =      SQ. FT

D.      x                           =      SQ. FT

E.      x                           =      SQ. FT

F.      x                           =      SQ. FT

G.      x                           =      SQ. FT

Line 3 Total 1,888 SQ. FT

4. Proposed Structures

A. 10 x 12 Addition = 120 SQ. FT

B.      x                           =      SQ. FT

C.      x                           =      SQ. FT

D.      x                           =      SQ. FT

E.      x                           =      SQ. FT

Line 4 Total 120 SQ. FT

5. Add Totals of line 3 and 4

$$\begin{array}{r} \text{(Example) } 1,888 \quad 3 \text{ } \underline{\quad\quad} \\ \quad \quad \quad + \underline{120} \quad + 4 \text{ } \underline{\quad\quad} \\ \quad \quad \quad 2,008 \quad 5 = \underline{\quad\quad} \end{array}$$

6. Find how many square feet remains that you could put a structure on:

A. List total from line 2

B. List total from line 5 and subtract it from line 2, the amount of SQ. footage on the lot that could be covered with structures, will be represented by line 6 total.

$$\begin{array}{r} \text{(Example) } 8,668 \quad 2 \text{ } \underline{\quad\quad} \\ \quad \quad \quad + \underline{2,008} \quad - 5 \text{ } \underline{\quad\quad} \\ \quad \quad \quad 6,660 \quad 6 = \underline{\quad\quad} \end{array}$$

LAWRENCE PARK TOWNSHIP  
Department of Public Safety  
REPORT OF ZONING & HOUSING ADMINISTRATOR

For Building Authorized Under Permit No. \_\_\_\_\_

Location of all foundations inspected and found proper.

\_\_\_\_\_  
ZONING & HOUSING ADMINISTRATOR

\_\_\_\_\_  
DATE

Plumbing connections inspected and found proper.

1<sup>st</sup> Inspection: \_\_\_\_\_

\_\_\_\_\_  
ZONING & HOUSING ADMINISTRATOR

\_\_\_\_\_  
DATE

2<sup>nd</sup> Inspection: \_\_\_\_\_

\_\_\_\_\_  
ZONING & HOUSING ADMINISTRATOR

\_\_\_\_\_  
DATE

Complete framing inspection and found proper.

\_\_\_\_\_  
ZONING & HOUSING ADMINISTRATOR

\_\_\_\_\_  
DATE

APPEAL FOR HEARING

I, the undersigned owner, hereby make application for a hearing in regard to the building as per plan and date herein shown, which does not comply with the current Zoning Ordinance and amendments thereto. An explanatory statement is attached.

Owner's signature \_\_\_\_\_ Date \_\_\_\_\_ 20\_\_\_\_\_

REPORT OF ZONING HEARING BOARD

We, the undersigned members of the Zoning Hearing Board, having heard the case of the applicant, render our findings and decisions as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Hearing held \_\_\_\_\_ 20\_\_\_\_\_

Signed: \_\_\_\_\_

Permit Authorized \_\_\_\_\_ 20\_\_\_\_\_

Permit Refused \_\_\_\_\_ 20\_\_\_\_\_

### Addendum to Building Permit

\_\_\_\_\_  
*For completion by municipal official:*

Municipality: \_\_\_\_\_

Date Issued: \_\_\_\_\_

Permit No.: \_\_\_\_\_  
\_\_\_\_\_

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

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

If a Certificate of Insurance or Self-Insurance has been submitted, please complete the following:

Name of Insurer or Self-Insurer: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Policy No.: \_\_\_\_\_ Coverage Period Ends: \_\_\_\_\_

Name of Contractor/Policyholder: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contractor/ Policyholder's federal or state employer identification number (EIN): \_\_\_\_\_

1. This policy provides coverage for the requirements of the Workers' Compensation Act, the Occupational Disease Act, and, where applicable, the federal Longshore and Harbor Workers' Compensation Act.
2. The insurer has been notified that the municipality issuing the building permit is to be named a policy certificate holder.
3. Any subcontractors used on this project will be required to carry their own workers' compensation coverage.
4. The contractor/policyholder will notify the municipality of any changes in status, cancellation or expiration of workers' compensation coverage.
5. Violation of the Workers' Compensation Act or the terms of this permit will subject the contractor/policyholder to a stop-work order and other fines and penalties as provided by law.



- 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:

\_\_\_\_\_

Name of Applicant: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Applicant's federal or state employer identification number (EIN): \_\_\_\_\_

Any subcontractors used on this project will be required to carry their own worker compensation coverage.

The applicant is not permitted to employ any individual to perform work on this project pursuant to the permit in violation of the Act.

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

My signature on behalf of or as the contractor/applicant for this building permit constitutes my verification that the statements contained here are true, and that I am subject to the penalty of 18 Pa. C.S.A. 4909 relating to unsworn falsifications to authorities.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Name of Company

SAMPLE OF DRAWING

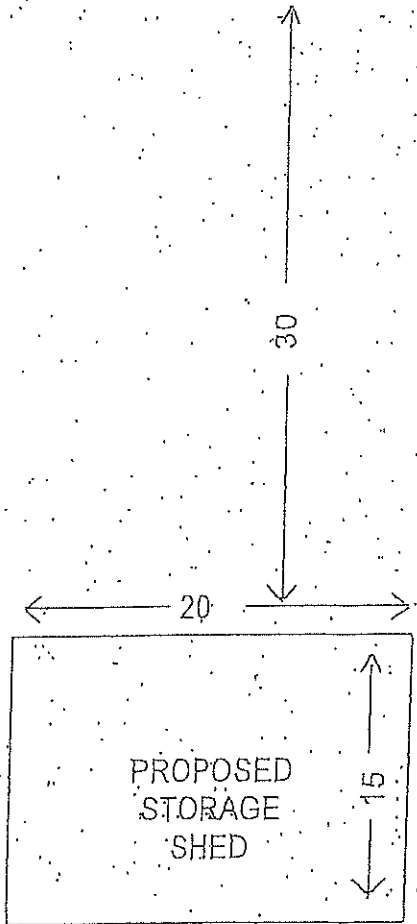
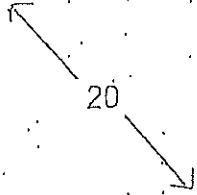
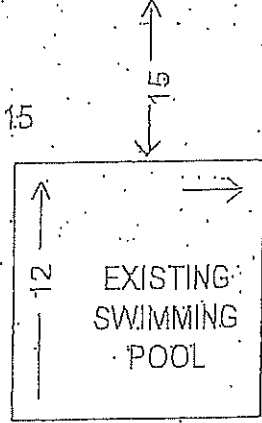
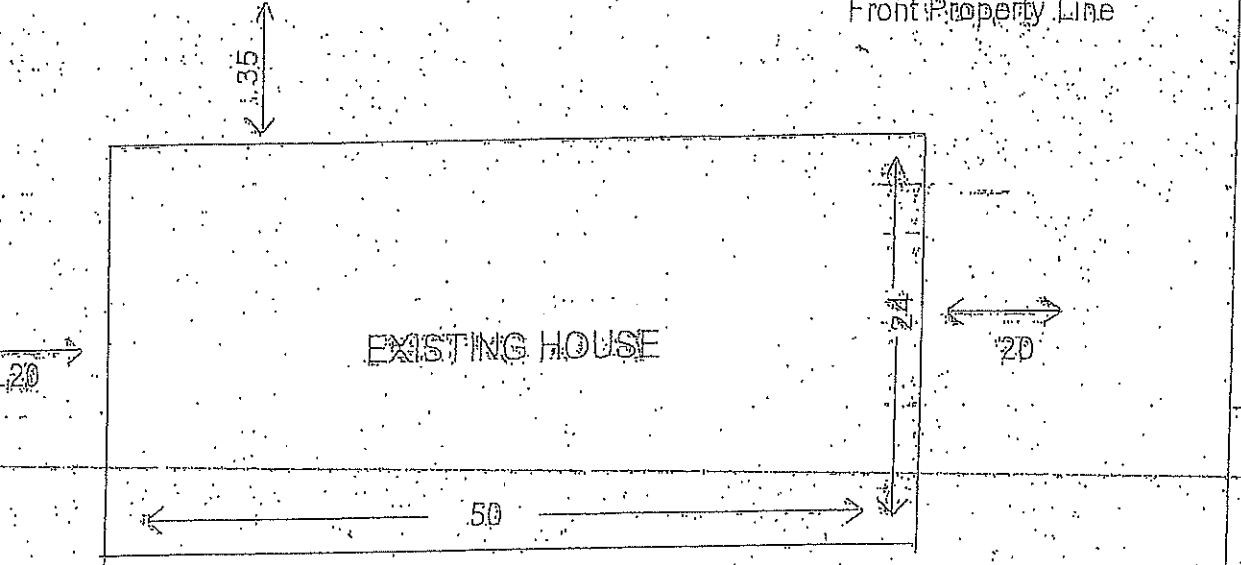
80'

MAIN STREET

SOUTH

Curb - Line

Front Property Line



WEST

Rear Property Line

AST