

Manor Borough

44 Main Street
Manor, PA 15665
Office (724) 864-2422 Fax (724) 864-2439



Office Use Only			
Application No.:			
Permit No.:			
Date Issued:			
Liability Insurance	Attached:		On File:

SIDEWALK PERMIT APPLICATION

Instruction:

This application shall be completed in full, either typed or printed **clearly** in ink, and filed with Manor Borough, at the above address.

Description:

This application shall be used when a property owner or their representative is constructing, replacing, repairing or maintaining a sidewalk, driveway opening or apron, and curb. All required information for the sidewalk can be found herein and/or within the Borough's Sidewalk Ordinance 565-16-04. This Permit shall be allowed for a maximum of 30 days and require an application fee of \$25.00, a permit fee of \$25.00, plus Engineering cost for review and inspection to be paid at the Borough Administration Office, 44 Main Street, Manor PA 15665.

Any work or obstructions within the Borough Right-of-Way shall require submission of current liability insurance naming the Borough as additionally insured. Contractor must also provide proof of Workers' Compensation Insurance or complete and Exemption Affidavit.

PA One Call MUST be notified prior to ANY excavation. Dial 8-1-1.

If work is to performed by the Owner of the property please fill out the Exemption of Workers' Compensation. This form is included in this application, and must be notarized.

Part I: General Information

1. Work Site Address: _____
2. Start Date and Time: _____
3. Total Days Required: _____
4. Owner's Information
 - a. Applicant's Name: _____
 - b. Street Address: _____
 - c. City, State, ZIP: _____
 - d. Telephone No.: _____
5. Contractor's name
 - a. Contractor's Name: _____
 - b. Street Address: _____
 - c. City, State, ZIP: _____
 - d. Telephone No.: _____
 - e. Emergency Name 24/7: _____
 - f. Emergency Phone #: _____

PART II PERMIT APPLICATION SKETCH

--- *SAMPLE* ---

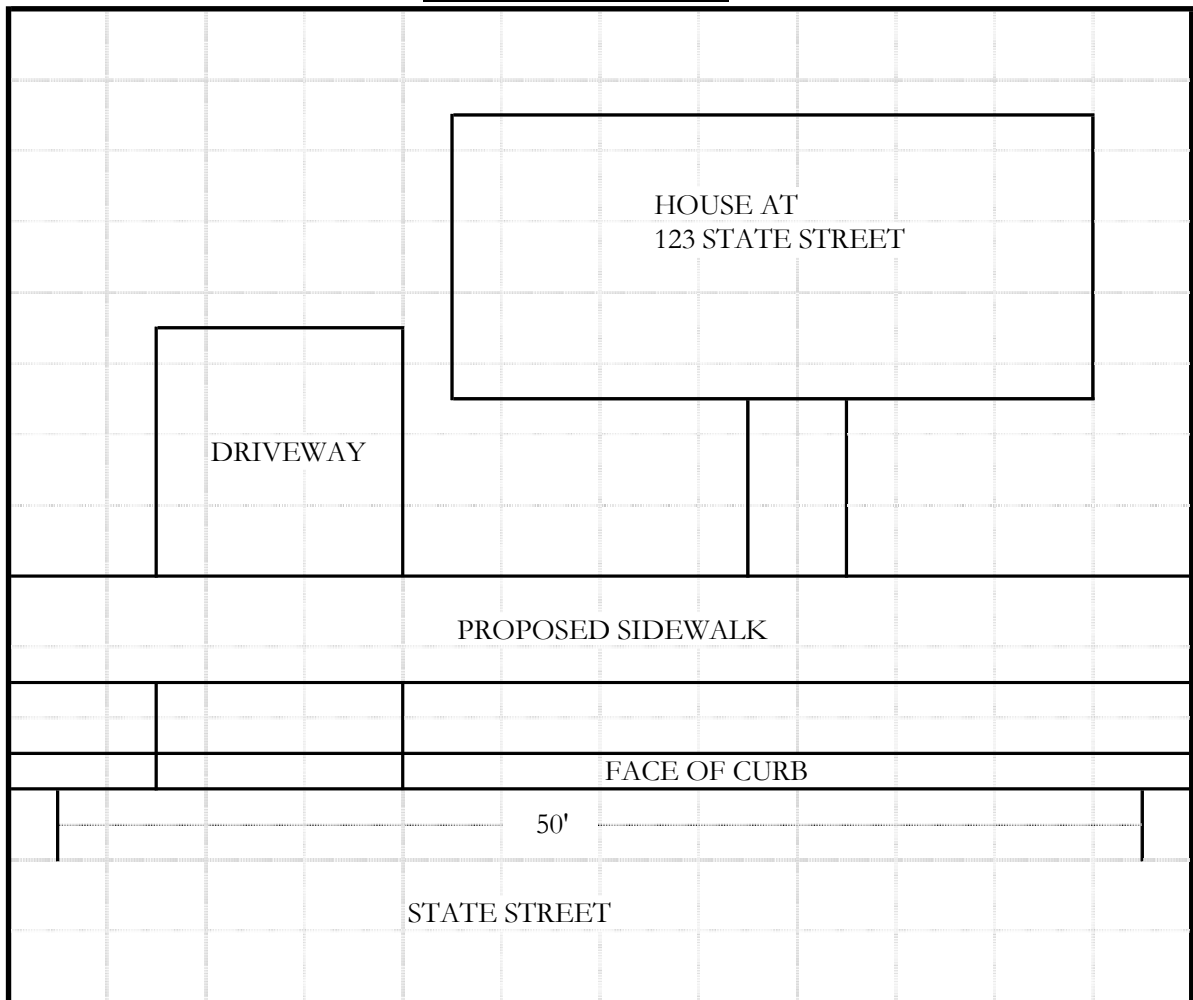
Applicant: JOHN SMITH

Work Site Address: 123 STATE STREET

Is there alternate side parking on street: Yes No

Notes/Comments: Replace 50 feet of sidewalk in front of 123 State St per City Specifications
Closest Utility pole NG-45 in front of 125 State Street.

LOCATION OF WORK



INFORMATION

- Show street name and house number.
- Show distance from curb face to building and from curb face to street side edge of proposed sidewalk.
- Show nearest Utility Pole and identify it by the affixed number.
- Draw a rough sketch of the proposed location and indicate sidewalk and driveway width and location where applicable.

Part III: Signature of Understanding

If, these permit conditions, including final restoration are not completed within the required length of time the undersigned must reapply for all applicable permits and pay all associated fees.

Any person, company, or business entity found not in compliance with this permit shall be subject to immediate revocation of permit privileges for the job being performed and suspension of all future work privileges until the job is brought into compliance. A stop-work order can be issued and recovery of the cost of materials, labor and inspection fees at prevailing rates can be charged to the undersigned to bring the job into compliance including forfeiture of any permit fee and/or deposit. Violation of Ordinance 565-16-04 is punishable by a maximum fine up to \$600 and upon failure to pay said fine, to imprisonment for a term not to exceed 30 days.

I, the undersigned, understand that the permit which may be issued pursuant to this application is done on the basis that all of the representations made on this permit application are true and accurate.

I understand that if any of the information given on this permit form is found to be untrue or inaccurate, or if the work initiated pursuant to a permit granted based on the representations made on this application, then the permit may be revoked without notice to myself, the contractor, or any other party.

I have read and understand all the provisions of the permit and shall comply with said requirements.

Applicant's Signature

Date

Applicant's Name (Please Print)



Workers' Compensation Information Form

AFFIDAVIT OF EXEMPTION

The undersigned affirm that he/she is not required to provide Workers' Compensation Insurance under the provisions of Pennsylvania's Workers' Compensation Law for one of the following reasons, as indicated:

- ___ Property owner performing own work. If property owner does hire a contractor to perform any work pursuant to building permit, the contractor must provide proof of Worker's Compensation Insurance to the Borough. Homeowner assumes liability for contractor compliance with these requirements.
- ___ Contractor has 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 Borough.
- ___ Religious exemption under the Workers' Compensation Law. All employees of contractor are exempt from Workers' Compensation Insurance. Attach copies of religious exemption letter for ALL employees.
- ___ Use this form when applicable to Part C on the Workers' Compensation Form.

Signature of Applicant

Commonwealth of Pennsylvania

County of _____

Sworn to and subscribed before me on this

_____ day of _____, 20 ____.

Notary Public