



BOROUGH OF AVALON

640 California Ave
Avalon, PA 15202
P: 412-761-5820
F: 412-761-5953
info@boroughofavalon.org

Zoning Permit Application

PURPOSE

A Zoning Permit Application is required by the Borough of Avalon when undertaking any alterations to a property or changes to a property's use. This ensures that any alterations or changes in use comply with the Joint Zoning Ordinance and any work done meets safety standards.

APPLICATION CHECKLIST

- Fully completed and signed application.
- All applicable PennDOT Highway Occupancy Permits, if required.
- Workers' Compensation Insurance Certificate from all identified contractors.
- Site plan or plat of survey (preferred) drawn to scale, to include:
 - Location and dimensions of lot.
 - Location and dimensions of all existing/proposed buildings on lot and those within 50 feet.
 - All driveways and accesses to property.
 - Setbacks from front, side, and rear property lines.
 - Floor elevation of proposed new buildings.
 - North arrow.
- Copy of Occupancy Compliance issued by Borough's building inspector.
- Any additional information deemed necessary by Borough of Avalon officials.



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Incomplete Applications Will Not Be Reviewed

www.boroughofavalon.org

DATE:

PROPERTY INFORMATION

ADDRESS:		LOT/BLOCK#:
IS THE PROPERTY IN A FLOOD ZONE ?:	YES NO	CONSTRUCTION COST (EST.): \$
ZONING DISTRICT: R-L R-M R-H MU C-NC C-HC COS T		FAIR MARKET VALUE: \$

APPLICANT INFORMATION

APPLICANT NAME:	EMAIL:
ADDRESS:	PHONE:

OWNER OF RECORD (check here if same as applicant)

NAME OF OWNER:	EMAIL:
ADDRESS:	PHONE:

PROJECT INFORMATION

APPLICATION FOR (Check all that apply):	CURRENT BUILDING USE	SETBACK INFORMATION
New Commercial Building		Front Lot Line: _____ (ft)
New Residential Building		Side Lot Line: _____ (ft)
Exterior Alteration		Rear Lot Line: _____ (ft)
Interior Alteration	PROPOSED USE*	
Addition to Building	Residential	
Accessory Building	# of Units _____	STRUCTURE INFORMATION
Garage Shed	Mercantile	Structure Area: _____ (sq ft)
Fence/Wall	Business	Structure Height: _____ (ft)
Deck	Factory or Industrial	
Pool	Storage	Will this project require Conditional or Special Exception Use review?
Parking/Driveway	Institutional	
Change of Use	Educational	
Sidewalk Replacement	Assembly	YES NO
Other:	Utility and Misc.	
	Other:	

Avalon Borough's Joint Zoning Ordinance can be found at: <http://www.boroughofavalon.org/resources/planningzoning.html>

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PROJECT DESCRIPTION

Please provide a complete and accurate description of the proposed project.

WORK WILL BE PERFORMED BY: CONTRACTOR HOMEOWNER

CONTRACTOR / PROFESSIONAL SERVICES

NAME/COMPANY:

ADDRESS:

PHONE:

EMAIL:

HIC #:

Contractor, in compliance of Act 44 (Workers' Compensation) of 1993, hereby submits: *(please check one)*

Certificate of Insurance

Certificate of Self-Insurance

Affadavit of Exemption

Contractor/Applicant is Sole Proprietorship

Contractor/Applicant is a corporation or partnership and the only employees working on the job have and are qualified as "Executive Employees" under Section 104 of the Workers Compensation Act. Please explain:

ARCHITECT / ENGINEER

NAME/COMPANY:

N/A SAME AS ABOVE

ADDRESS:

PHONE:

EMAIL:

LICENSE #:

FLOOD ZONE REQUIREMENTS

Properties located in the flood zone may require additional information as part of the application process and may be subject to additional fees and review procedures.

STORMWATER REQUIREMENTS

Qualifying projects may require additional information as part of the application process and may be subject to additional fees and review procedures. Please consult Chapter 350 of the Borough of Avalon Code for additional requirements.

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SIGNATURE

I hereby certify that the above information is true and correct to the best of my knowledge and belief, and that the proposed use/work is authorized by the owner of record. I further agree to comply with the provisions of the Codes and Regulations of the Borough of Avalon and all other applicable laws and regulations of Allegheny County, Commonwealth of Pennsylvania and the United States, whether or not specified in this application. In addition, I agree that if a permit is issued, the permit may be revoked by administrative action of the Borough of Avalon for failure to comply with said laws and regulations.

I understand that in consideration of the issuance by the Borough of Avalon of a Zoning Permit to the undersigned Applicant, the Applicant acknowledges that, in reviewing plans and specifications, in issuing Zoning Permits, and in inspecting property of the Applicant, employees of the Borough are only performing their duties to require compliance with the minimum requirements of the applicable ordinances.

I understand that this permit application is not for a building permit or grading permit and a separate form must be completed for work related to grading and/or construction.

Furthermore, the Applicant is hereby informed that any violation(s) of the Building Code and/or the Zoning Code for the Borough of Avalon is subject to fines and penalties as stated in the applicable ordinance(s).

APPLICANT SIGNATURE: _____

DATE: _____

OWNER SIGNATURE (if different): _____

DATE: _____

BOROUGH USE ONLY		
RECEIVED:	<u>STATUS</u> APPROVED DENIED BUILDING PERMIT REQ'D CHANGE IN OCCUPANCY	<u>FEES</u> Residential \$50 Commercial \$50 Industrial/RO \$50 TOTAL: Credit Cash Check # _____
APPROVAL CONDITIONS:		
DENIAL REASONS:		
PERMIT #:	ISSUED BY:	DATE: