



### APPLICATION FOR FENCE PERMIT

Date Received Stamp

Zoning Stamp

**Location of Proposed Work or Improvement:**

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

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

Tax Parcel No: \_\_\_\_\_ Zoning District: \_\_\_\_\_

**Owner:** \_\_\_\_\_

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

Phone No: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Principal Contractor:** \_\_\_\_\_

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

Phone No: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Design Professional:** \_\_\_\_\_

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

Phone No: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Fence Specifications:**

**Location:** *check all that apply:*  Front Yard  Side Yard  Rear Yard

**Type:**  Privacy  Non-Privacy

**Materials:** \_\_\_\_\_

**Height to the highest point:** \_\_\_\_\_ ft. **Opacity:** \_\_\_\_\_ %

**Is Fence Acting as a Pool Barrier?**  Yes  No

**Estimated Cost of Construction:** \$\_\_\_\_\_

**Fee Schedule:**

Residential: \$50

Commercial: \$100

Please Submit the following with your completed application

- Copy of official stamped survey drawn to scale. On the survey, please show the following:
  1. The proposed location of the fence(s) and the distances to the various property lines.
  2. Location of any required stormwater facilities.
  3. A stamp from McCandless Township Sanitary Authority (MTSA) clearing any of their facilities.
- Either two (2) sets of plans in detail, or one (1) pdf set of plans.
- Copy of workers compensation insurance certificate(s), or an Affidavit of Exemption if no workers' compensation is required.

### **Property Owner's Statement**

I hereby certify that the above information is true and correct to the best of my knowledge and belief. I further agree to comply with the provisions of the Codes and Regulations of the Town of McCandless 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 Town of McCandless if compliance with the foregoing paragraphs and references are not absolute.

I fully understand that it is my responsibility to call for inspection and that, if inspections are not made according to this procedure, I may be in violation and may be subject to prosecution.

Signature of Owner	Print Name of Owner	Date
Authorized Agent	Print Name of Authorized Agent	Date

### **Proof of Insurance**

Compliance with the requirements of Act 44 must be demonstrated by filing one (1) of the following three (3) documents with the application:

1. Certificate of Insurance by your insurance carrier as proof of insurance covering the Worker's Compensation Act, the Occupational Disease Act and the Longshore and Harbor Worker's Compensation Act (if applicable); or (completed by all contractors)
2. Certification of Self-Insurance from the Department of Labor and Industry as proof of insurance covering the Worker's Compensation Act, the Occupational Disease Act and the Longshore and Harbor Worker's Compensation Act (if applicable); or (completed by all contractors)
3. A Notarized Affidavit stating that no other persons will be employed for the entire period of the work. (completed if owner is doing work)

Contractors must also supply on company letterhead or billhead their Federal or State Identification Number. Contractors must obtain proof of insurance from subcontractors before a subcontractor can be let and certificates must be furnished to the Town of McCandless.

The Town of McCandless must be named as a Worker's Compensation policy certificate holder. The issuer of the policy must inform the Town of McCandless within three (3) working days of any change in, or termination of, coverage.

*If exempt from workers' compensation, please complete the information below.*

#### AFFIDAVIT

I, \_\_\_\_\_, do solemnly swear that I will not employ / hire any other persons for the project for which I am seeking a permit. If, after receipt of the permit, I employ any other persons, I must notify the Town of McCandless, and provide within three (3) working days, proof of insurance covering: the Worker's Compensation Act, the Occupational Disease Act and the Longshore and Harbor Worker's Compensation Act (if applicable).

I understand that failure to comply will result in the issuance of a Stop Work Order and that such order may not be lifted until proper coverage is obtained.

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Signature of Applicant

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#### TOWN USE ONLY

##### Zoning Approval

**APPROVED** for Zoning, subject to the following conditions: \_\_\_\_\_

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This application is approved by the referenced ordinance(s) and/or in whole or in part by the following:

Zoning Hearing Board: ZHB Case #: \_\_\_\_\_; Approval Date: \_\_\_\_\_  
Subject to the following conditions: \_\_\_\_\_