



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 New Residential Building Exterior Alteration Interior Alteration Addition to Building Accessory Building Garage Shed Fence/Wall Deck Pool Parking/Driveway Change of Use Sidewalk Replacement Other: _____		Front Lot Line: _____ (ft) Side Lot Line: _____ (ft) Rear Lot Line: _____ (ft)
	PROPOSED USE*	STRUCTURE INFORMATION
	Residential # of Units _____ Mercantile Business Factory or Industrial Storage Institutional Educational Assembly Utility and Misc. Other: _____	Structure Area: _____ (sq ft) Structure Height: _____ (ft)
		Will this project require Conditional or Special Exception Use review? <div style="display: flex; justify-content: space-around;"> YES NO </div>

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