

**BOROUGH OF FOX CHAPEL**

401 Fox Chapel Road • Pittsburgh, PA 15238  
Dan Moretti, Zoning Administrator  
412/850-5023 [dmoretti@fox-chapel.pa.us](mailto:dmoretti@fox-chapel.pa.us)

**Zoning Permit Application**

*(Please print clearly or type all information. The application with all other submitted items should be emailed to [dmoretti@fox-chapel.pa.us](mailto:dmoretti@fox-chapel.pa.us))*

**LOCATION OF PROPOSED LAND DISTURBANCE OR IMPROVEMENT**

Street Address: \_\_\_\_\_ Block & Lot Number: \_\_\_\_\_

Owner(s): \_\_\_\_\_ Phone: \_\_\_\_\_

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

Principal Contractor: \_\_\_\_\_ Phone: \_\_\_\_\_

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

**TYPE OF LAND DISTURBANCE OR IMPROVEMENT**

**Permit Fee: \$100.00**

Shed (less than 1000 sq. ft): \_\_\_\_\_ Other structure (less than 1000 sq. ft) (describe below): \_\_\_\_\_

Fence (no greater than 6 1/2' in height - side/rear/front setbacks to the building line, 4' in height in front yard setback to road right-of-way line): \_\_\_\_\_

Exterior Deck <30" from grade (measured 36" horizontal from walking surface): \_\_\_\_\_

**DESCRIPTION OF PROPOSED LAND DISTURBANCE OR IMPROVEMENT**

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

*Application must be completed in full and submitted with signed and dated applicable sections of Zoning Permit Requirements packet. Two (2) copies of a current property survey indicating location of improvement with distances to property lines marked must be included with application. Product information for the improvement to be installed must be included with the application.*

***Applicant and contractor/agent agree by signature of this application that all included information is correct and all regulations regarding this permit have been reviewed.***

\_\_\_\_\_  
Printed Name of Owner(s)/Agent                      Signature of Owner(s)/Agent                      Date

\_\_\_\_\_  
Printed Name of Contractor                      Signature of Contractor                      Date

**Borough Use Only:** \_\_\_\_\_

Permit No. \_\_\_\_\_ Date Issued: \_\_\_\_\_ Borough Personnel: \_\_\_\_\_

## BOROUGH OF FOX CHAPEL

### Zoning Permit Requirements Accessory Structures, Fences, Decks <30”

#### Submission Requirements:

The following projects are required to obtain Zoning Permits prior to the start of construction:

- Accessory structures (sheds, detached garages, gazebos and similar < 1000 square feet)
- Fences (no greater than 6 1/2 feet in height – side/rear/front setback to the building line, 4 feet in height in front yard setback to road right-of-way line)
- Exterior deck < 30” from grade (measured 36” horizontally from deck walking surface)

The following items must be submitted with the completed Zoning Permit Application (Note: an electronic version is required for all submissions. Please email to [dmoretti@fox-chapel.pa.us](mailto:dmoretti@fox-chapel.pa.us)):

- Two sets of drawings of the proposed construction. Details and product specification sheets must be included.
- Two copies of the site plan/survey indicating the location of the proposed structure with distances to property lines/structures included.
- The general contractor for the project shall provide a completed workers compensation insurance certificate or notarized exemption form.

#### Zoning Inspection Requirements:

**NOTE: One business day notice is required to schedule inspection requests: 412-850-5023.**

NOTE: Accessory Structures and decks, defined as exempt under ACT 45, shall be inspected for zoning compliance only.

**Pre-construction Site Inspection:** Schedule structure location inspection prior to excavation and/or construction of structure frame.

**Footings:** Schedule inspection following forming and trenching and prior to concrete pour. Any required erosion/sediment controls and general site will be inspected as well.

**General Framing:** Schedule rough frame inspection following rough-in and prior to covering of framing work. Any applicable electrical and/or plumbing inspections will be required prior to covering of electrical/plumbing work.

**Final/Occupancy:** Schedule inspection when all required items are complete. Any applicable electrical and/or plumbing inspections will be required prior to finalizing the Zoning Permit.

The Zoning Permit Applicant agrees to comply with the provisions of the Borough of Fox Chapel Ordinances, Codes, and Regulations, and with all applicable laws and regulations of Allegheny County, Commonwealth of Pennsylvania and the United States, whether specified in these requirements.

#### Fees:

The cost of the Zoning Permit fee is \$100.00.

**BOROUGH OF FOX CHAPEL  
CONTRACTOR REGISTRATION FORM**

This form must be completed by any contractor who engages in any act regulated by the Commonwealth of Pennsylvania Uniform Construction Code (UCC) and/or performing home repairs valued at \$400.00 or more, or by any contractor making application for a building permit.

Name \_\_\_\_\_

Home Address \_\_\_\_\_  
\_\_\_\_\_

Telephone ( ) \_\_\_\_\_ FAX ( ) \_\_\_\_\_ E-mail \_\_\_\_\_

Driver's License Identification \_\_\_\_\_

Company \_\_\_\_\_

Address (if different) \_\_\_\_\_  
\_\_\_\_\_

Telephone ( ) \_\_\_\_\_ FAX ( ) \_\_\_\_\_ E-mail \_\_\_\_\_

Tax Number: \_\_\_\_\_ Federal State Allegheny County

Does this company do business under any other name? If so, please list:

This company is a (check one):

- Sole Proprietorship
- Partnership
- Corporation
- Limited Liability Company
- Limited Partnership
- Joint Venture
- Other \_\_\_\_\_

List name(s) of other partners/shareholders/officers of the corporation with at least 10% interest:

- Name: \_\_\_\_\_ Title: \_\_\_\_\_
- Name: \_\_\_\_\_ Title: \_\_\_\_\_
- Name: \_\_\_\_\_ Title: \_\_\_\_\_
- Name: \_\_\_\_\_ Title: \_\_\_\_\_

Does the named registrant or company have insurance/Workman's Compensation coverage?

- Yes, \_\_\_\_\_ General Liability  Yes  No  
Automobile Liability  Yes  No
- No

Name of Insurer \_\_\_\_\_

Address \_\_\_\_\_

Telephone ( ) \_\_\_\_\_

Policy Number \_\_\_\_\_

**\*Please attach Certificate of Insurance with Borough of Fox Chapel as certificate holder.**

Number of employees:

- 1-4
- 5-10
- 11-20
- 21 +

Identify the nature of the contracting business being registered (check all that apply):

- New Home Construction
- HVAC
- Plumbing
- Electrical
- Masonry/Concrete
- Painting/Plaster
- Roofing
- Deck/Patio
- Waterproofing
- General

List municipality or municipalities of principal operation (defined as 6 or more contracts within the preceding 12 months)

Are you registered with any other municipalities? If so, please list:

\_\_\_\_\_

Has any named registrant ever been convicted of a criminal offense related to a home improvement transaction, fraud, theft, a crime of deception or a crime involving fraudulent business practices?

- Yes
- No

Has any named registrant ever had a civil judgment entered against the registrant or a business in which the registrant held an interest that was related to a home improvement transaction?

- Yes
- No

Has any named registrant been suspended or debarred from participating in any Federal, State or local program through which funding or other assistance is provided to consumers for home improvements within the last ten years?

- Yes
- No

Has any named registrant ever been refused a building permit?

- Yes. If yes, identify municipality involved: \_\_\_\_\_
- No

Has any named registrant ever been refused an occupancy permit after completion of a home improvement contract?

Yes. If yes, identify municipality involved: \_\_\_\_\_  
 No

Has any named registrant ever been issued a stop work order?  
 Yes. If yes, identify municipality involved: \_\_\_\_\_  
 No

How many years has this company been in business? \_\_\_\_\_

How many contracts have been successfully completed in the last two (2) years? \_\_\_\_\_

At which financial institution does the company maintain a checking account?  
\_\_\_\_\_

Has the company ever been in bankruptcy?  Yes  No If Yes, in what year? \_\_\_\_\_

Please list three customer references:

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone ( ) \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone ( ) \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone ( ) \_\_\_\_\_

MY SIGNATURE CONSTITUTES MY VERIFICATION THAT THE STATEMENTS CONTAINED HERE ARE TRUE, AND THAT I AM SUBJECT TO THE PENALTY OF 18 PA. C.S.A. §4904 RELATING TO UNSWORN FALSIFICATIONS TO AUTHORITIES.

\_\_\_\_\_  
Signature Date:

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

\_\_\_\_\_  
Title

**BOROUGH OF FOX CHAPEL**  
**Workers' Compensation Insurance**  
**Addendum to Building Permit**

**For completion, by the  
Building Code Official:**

Date Issued \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Permit No. \_\_\_\_\_

ALL APPLICANTS MUST COMPLETE THE FOLLOWING AS REQUIRED BY THE  
PENNSYLVANIA WORKMAN'S COMPENSATION ACT, SECTION 302:

I. Application for  
Property Owner/Agent: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
Telephone No.: \_\_\_\_\_ (Home) \_\_\_\_\_ (Office)  
Lot & Block No.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

II. The contractor/applicant for the building permit, in compliance with Act 44 of 1993, hereby submits (check one):

- Certificate of Insurance with Borough of Fox Chapel named as policy certificate holder (please attach)
- Certificate of Self-Insurance (please attach)
- Claim of Exemption

III. 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: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

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

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

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

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

Telephone No.: \_\_\_\_\_

Contractor/Policyholder's Federal/State Employer Identification Number (EIN): \_\_\_\_\_

**Addendum to Building Permit**

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

IV. If an exemption is being claimed, please complete this section and if applicable, complete and sign the required Workers' Compensation Insurance Affidavit in the presence of a notary public:

Basis for exemption (check one):

- Applicant is an individual who owns the property.  
a) Workers' Compensation Insurance Affidavit attached \_\_\_\_\_
- Contractor/Applicant is a sole proprietorship without employees.  
a) Workers' Compensation Insurance Affidavit attached \_\_\_\_\_
- 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:

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- 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:

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- Other. Please explain:

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**BOROUGH OF FOX CHAPEL**  
**Workers' Compensation Insurance Affidavit**

The undersigned affirms 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 contractor to perform any work pursuant to building permit, contractor must provide proof of workers' compensation insurance to the municipality. Homeowner assumes liability for contractor compliance with this requirement.**
  
- 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 municipality.**
  
- Religious exemption under the Workers' Compensation Law. **All employees of contractor are exempt from workers' compensation insurance. (Attach copies of religious exemption letters for all employees.)**

\_\_\_\_\_  
Signature of Applicant

I understand that failure to comply will result in a Stop-Work Order and that such Order may not be lifted until proper coverage is obtained, as provided by Section 302(e)(4) of the Act of June 2, 1915 (P.L. 736), known as The Pennsylvania Workmen's Compensation Act, reenacted and amended June 21, 1939 and amended December 5, 1974 and amended July 2, 1993. (P.L. 190)

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
(Signature of Notary Public)

\_\_\_\_\_  
(Seal)

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. §4904 RELATING TO UNSWORN FALSIFICATIONS TO AUTHORITIES.

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
Title

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

NOTE: Applicant's copy to be attached to permit and posted. Municipality's copy to be filed with its permit copy.