ZONING PERMIT APP	LICATION		ZONING PERM	IT No
RESERVE TOWNSHIP 33 LONSDALE STREE PITTSBURGH, PA 152 PH: 412-322-1551 FA	T 12	240	DATE ISSUED	ż
			) CELL: (_	,
		49	ZIP COD	
			Lot & Blo	
CONTRACTOR NAME:				
ADDRESS:			ZIP CODE:	
DESCRIPTION OF WO	RK:			
ESTIMATED COST OF	CONSTRUC	TION: \$	ZONING	DISTRICT:
BLDG. SETBACKS:	FRONT_	, REAR _	, L. SIDE, F	R. SIDE
IT IS THE RESPONSIB	ILITY OF API	PLICANT TO S	CHEDULE ALL INSPEC	TIONS:
ZONING PERMIT INSP	ECTIONS:	1) SITE: 2) FINAL:	PRIOR TO START OF WHEN ALL WORK IS	
Only the owner or authorized by owner and contractor.	zed agent must	make application	n for the permit and applica	tion must be signed
Applications must include be built upon and the exac Plot plan must be made b	ct size and loca	tion of any existing	ing actual dimensions and ng buildings and of the proper.	shape of the lot to cosed structure(s).
OWNER OR AGENT	DATE		ZONING OFFICER	DATE
CONTRACTOR	Marie de la constitución de la c		AMOUNT PAID \$ REC. BY:	

## WORKERS' COMPENSATION INFORMATION FORM

## THIS FORM REQUIRES A NOTARY SEAL

## AFFIDAVIT OF EXEMPTION

The undersigned affirm that he/she is not required to provide workers compensation the provisions of Pennsylvania's Workers' Compensation Law for one of the fol indicated:	lowing reasons, as
Property owner performing own work. If property owner does hire a conwork pursuant to building permit, contractor must provide proof of workers' contractor must provide proof of workers' contractor compliance with	these requirements.
Contractor has no employees. Contractor prohibited by law from employ perform work pursuant to this building permit unless contractor provides proof municipality.	ing any individual to fof insurance to the
Religious exemption under the Workers' Compensation Law. All employed exempt from workers' compensation insurance (attach copies of religious exemployees).	es of contractor are aption letter for all
Use this form when applicable to part "C" on the workers' compensation f	
•	
Signature of Applicant	
Signature of Applicant  County of	
Signature of Applicant	
Signature of Applicant  County of	
Signature of Applicant  County of  Municipality of	
Signature of Applicant  County of  Municipality of  Subscribed, sworn to and acknowledged before me by the above	

MUST BE NOTARIZED