

**MADISON TOWNSHIP**

3200 Madisonville Road  
Madison Twp, PA 18444  
Office: 570.842.3088  
Zoning Officer: 570.840.8715  
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Email: madisontwpzoning@live.com

APPLICATION #: \_\_\_\_\_

DATE: \_\_\_\_\_

FEE \$: \_\_\_\_\_

PAID (CASH OR CHECK #): \_\_\_\_\_

**APPLICATION FOR ZONING PERMIT**

*(Revised 1/1/2012)*

**GENERAL INFORMATION**

Applicant: \_\_\_\_\_

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

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Owner (if other than applicant): \_\_\_\_\_

*Property Location & Information —*

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

Tax Parcel Identification Number (PIN): \_\_\_\_\_

Total Acreage: \_\_\_\_\_ Lot Dimensions — Width: \_\_\_\_\_ Depth: \_\_\_\_\_

*Existing Use of Property (check all that apply) —*

Vacant  Residential  Agricultural  Commercial  Industrial  Other: \_\_\_\_\_

*Existing Uses of All Adjacent Properties (check all that apply) —*

Vacant  Residential  Agricultural  Commercial  Industrial  Other: \_\_\_\_\_

Does the property contain any steep slopes, easements, wetlands, ponds, and/or streams?  Yes  No

If yes, which of the above is/are on the property? \_\_\_\_\_

**PROJECT INFORMATION (MUST ALSO COMPLETE THE ATTACHED SIMPLE PLOT PLAN OR ATTACH A DETAILED PLOT PLAN)**

*Zoning Use(s) sought under this application:*

- New Principal Use by Right/Structure  
(Residential Dwelling, Commercial, Industrial Buildings, etc.)
- Addition to Existing Principal Use by Right/Structure  
(Also check here for Conversions or Repairs to Existing Principal Uses by Right)
- New Accessory Use by Right/Structure  
(Garage, Shed, Carport, Gazebo, etc.)
- Addition to Existing Accessory Use by Right/Structure
- Temporary Use (ZHB approval)
- Business or Informational Sign (On Premises)
- Swimming Pool, Above- or In-Ground
- Fence
- No-Impact Home-Based Business
- Parking Lot Construction
- Special Exception Use (ZHB approval)
- Conditional Use (BOS approval)

Describe the proposed use for which approval is sought (include building dimensions, if applicable): \_\_\_\_\_

Estimated Total Construction Cost: \$ \_\_\_\_\_ Height of Proposed Structure in Feet: \_\_\_\_\_

Proposed Setbacks from Property Lines in Feet — Front: \_\_\_\_\_ Rear: \_\_\_\_\_ Left Side: \_\_\_\_\_

Right Side: \_\_\_\_\_ Distance in Feet from Existing Buildings: \_\_\_\_\_

**OTHER PERMITS OR APPROVALS REQUIRED** (COPIES OF PERMITS CHECKED OFF IN RED MUST ACCOMPANY THIS APPLICATION)

- Penn DOT Highway Occupancy Permit (for driveway access to state roads) (Permit # \_\_\_\_\_)
  - Driveway Permit (for driveway access to township roads)
  - Sewage Permit (Permit # \_\_\_\_\_)
  - Erosion and Sedimentation Control Plan and/or NPDES (for land disturbances of 5000 sq. ft or greater)
  - Storm Water Management Plan (approved by Township Engineer)
  - Subdivision or Land Development (approved by Planning Commission and Board of Supervisors)
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**CONCURRENCE — PLEASE READ BEFORE SIGNING**

I am signing this application as the owner of the property on which zoning approval is sought, or if not the owner, as an agent specifically authorized to do so by the owner. I hereby acknowledge and certify that the information provided by me on this application is true and correct to the best of my knowledge. I further agree and understand that this application will not be accepted by Madison Township until a site plan, any additional permits, and the Workers' Compensation Insurance Coverage Form have been submitted, and all fees have been paid.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

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**TOWNSHIP USE ONLY**

*Use Classification —*

Residential    Agricultural    Non-Residential    Accessory    Other: \_\_\_\_\_

*Property within*    Flood Plain Overlay District    Airport Hazard Overlay District

*UCC Construction Permit*    Required (Permit # \_\_\_\_\_)    Not Required

**RECORD OF ACTION**

Approved/Permit Issued on (date): \_\_\_\_\_

Denied (site specific section of zoning ordinance for reason of denial): \_\_\_\_\_  
\_\_\_\_\_

Referred to Zoning Hearing Board for  Variance    Special Exception Hearing - Referral date: \_\_\_\_\_

Referred to Board of Supervisors for Conditional Use Hearing - Referral date: \_\_\_\_\_

Signature of Zoning Officer: \_\_\_\_\_

### SIMPLE PLOT PLAN

In the area below, draw a simple sketch of the property showing the location of the **proposed building or structure**. Indicate the **building size**, **distance to road right-of-way\*** (NOT centerline or edge of pavement), **distance to all other property lines**, and **distance from any existing buildings**. Also show the location of **existing buildings or structures, wells, septic systems, and driveways**.

Front Property Line

Road Name: \_\_\_\_\_

\*Road rights-of-way for all State and Township Roads (except Quicktown Road) are 50' in width or generally 25' from the center of the road in either direction. For Quicktown Road, the right-of-way is 40' or 20' from the center of the road. Rights-of-way for private roads vary. Deeds or other legal documents such as approved subdivision maps should be checked for the exact width of private road rights-of-way.



**WORKERS' COMPENSATION INSURANCE COVERAGE INFORMATION**  
**(MUST be completed no matter who is performing the work  
and returned to Madison Township or a permit will NOT be issued)**

I. The applicant for the Zoning Permit, in compliance with the Workers' Compensation Reform Act #44 of 1993, hereby submits the following (check only one):

- Certificate of Insurance (please attach) **Complete Sections II & IV**
- Certificate of Self-Insurance (please attach) **Complete Sections II & IV**
- Affidavit of Exemption **Complete Sections III & IV**

II. If a Certificate of Insurance or Self-Insurance has been attached, please complete the following:

**Name of Insurer or Self-Insurer:** \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Policy #: \_\_\_\_\_ Coverage Period Ends: \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Contractor/Policy Holder's Federal Employer ID number (EIN): \_\_\_\_\_

1. This policy provides coverage for the requirements of the Workers' Compensation Act and the Occupational Disease Act.
2. The Insurer has been notified that Madison Township is to be named 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 Madison Township 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.

**III. Affidavit of Exemption:**

*Basis for Exemption (check only one) —*

- Applicant is the property owner doing his/her own work.
- Contractor/Applicant is a sole proprietorship without employees.
- 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.
- 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: \_\_\_\_\_
- Other. Please explain: \_\_\_\_\_

III. (Continued)

Name of Applicant: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Applicant's Federal Employer ID number (EIN), if applicable: \_\_\_\_\_

IV. Commonwealth of Pennsylvania)  
County of Lackawanna)

\_\_\_\_\_  
Property Owner or Contractor Print Name Here

\_\_\_\_\_  
Title (if applicable)

\_\_\_\_\_  
Name of Company (if applicable)

My signature on behalf of or as contractor/applicant for this Zoning Permit constitutes my verification that the statements contained here are true, and that I am subject to penalty of 18 Pa. C.S.A. §4904 relating to unsworn falsifications to authorities.

I agree that my failure to comply with the matters set forth in this affidavit will result in a **STOP WORK ORDER** and it may not be lifted until proper Workers' Compensation Coverage is obtained, or until further proof of exemption is submitted. I further agree that should any required Workers' Compensation Coverage be terminated during the progress of the work, I will immediately notify Madison Township and a **STOP WORK ORDER** will be issued until coverage is re-instated.

\_\_\_\_\_  
\*Signature of Property Owner (if doing his/her own work)

OR \*Signature of Contractor

**\*SIGNATURE MUST BE NOTARIZED**

Sworn and subscribed to before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

By: \_\_\_\_\_

(SEAL)

Signature of Notary Public

**ORIGINAL NOTARIZED DOCUMENT MUST BE RETURNED TO MADISON TOWNSHIP.**