



Lehman Township Board Of Supervisors

RR 4, BOX 4000 • BUSHKILL, PIKE COUNTY, PENNSYLVANIA 18324 • (570) 588-9365 • FAX (570) 588-1864

Requirement for Zoning Permits:

New Principal Building / Expansion of Principal Building / Commercial Buildings, etc.

1. Application – Filled out and Signed.
2. Three (3) copies of a Plot Plan drawn to scale
(See “Diagram” on application).
3. Two copies of an original “sealed” survey of the property completed within three years of the date of application.
4. Signed and completed Central Sewage/Water Certificate
(if applicable).
5. Copy of Deed.
6. Check payable to Lehman Township in the amount shown below.
7. Wetlands Certification Form: Must be signed by owner(s).
8. A \$25.00 Reinspection Fee will be charged for a failed inspection. This fee must be paid before the township will do a reinspection.
9. Workmans’ Compensation Insurance Form (s).
10. Trespass Waiver.

Sheds, Fences, Decks (All Permitted Structures – Except New and/or Expansion of Principal Buildings)

1. Application – Filled out and Signed.
2. Three (3) copies of a Plot Plan drawn to scale. (**See “Diagram on application”**).
3. Check payable to Lehman Township in the amount listed below.
4. Certificate of Occupancy – A written request is required for all permitted structures when completed.
5. A \$25.00 Reinspection Fee will be charged for a failed inspection. This fee must be paid before the township will do a reinspection.
6. Workmans’ Compensation Insurance Form (s).
7. Trespass Waiver.

Zoning Permit Fee Schedule:

One & Two Family Dwellings

New Construction & Expansions	\$50
Garages	\$50
Accessory Buildings – 200 sf or greater	\$50
Accessory Buildings – less than 200 sf	\$25
Decks – 144 sf or greater	\$50
Decks – less than 144 sf	\$25

All Other Uses – New Construction & Additions

Less than 2000 sf	\$250
2000-4000 sf	\$350
Greater than 4000 sf	\$500

Miscellaneous

Signs, walls, satellite dishes, fences, pools etc.	\$25
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Stanley Whittaker, Lehman Township Zoning Officer
Andy Amorosi, Lehman Township Zoning Officer

ZONING PERMIT

LEHMAN TOWNSHIP

RR #4 Box 4000

Bushkill, PA 18324

Phone (570) 588-9365 Fax (570) 588-1864

No. _____

To the Zoning Officer of the Lehman Township Supervisors:

The undersigned respectfully makes application for a Zoning Permit at the following location:

OWNERS NAME AND MAILING ADDRESS

SITE: (Indicate Subdivision, Lot & Section)

Phone: _____ ROAD NAME: _____

Permit is for: ()New ()Addition ()Remodel ()Deck ()Shed ()Pool ()Fence

Garage: () Attached () Detached () Other _____

TYPE OF OCCUPANCY: _____ ZONE: _____

Building (Construction) is to be _____ Ft. wide by _____ Ft. long by _____ Ft. in height _____ Stories

Living Space. _____ s.f. Garage _____ s.f. Deck(s) _____ s.f. Shed _____ s.f.

Bedrooms # _____ Baths # _____ Foundation: () Full () Crawl () Slab () Piers

What disposition will be made of waste and sewage: () Public Sewer () Private Sewer

If private, septic permit number and date of issue: _____

CONTRACTOR / BUILDER NAME AND ADDRESS

Phone: _____

DIAGRAM: For all new principal buildings or the expansion of a principal building, attach 2 copies of a current property survey (prepared within the last 3 years) performed by a PA Professional Land Surveyor. Boundary corners must be a permanent nature and visible at the time of the initial zoning inspection. Plans must be prepared in accordance with Paragraph 103D6 of the Lehman Township Zoning Ordinance. For other types of structures, a current survey may not be required. Check with Zoning Officer.

I, as applicant, am familiar with the Lehman Twp Zoning Ordinance and hereby agree to conform with regulations therein.

Signature: _____

Date: _____

Estimated Cost: \$ _____

NOTICE: Issuance of this permit is pending compliance to current IRC Building Code.

THIS PERMIT WILL BECOME NULL AND VOID IF CONSTRUCTION WORK IS NOT STARTED WITHIN 12 MONTHS OF DATE OF ISSUANCE.

-----Office Use-----

Permit Fee: _____

CHECK # _____

WETLANDS ACKNOWLEDGMENT
(To be presented at time of Zoning Permit Application)

_____, 20__

Lehman Township Supervisors
RR 4 Box 4000
Bushkill, PA 18324

RE: Property Location: _____

Lot No.: _____ Section: _____

Development: _____

The undersigned, being the owner(s) of record of the above described property, hereby acknowledge that in issuing a zoning permit, the Township is relying upon the information presented in the zoning permit application, regarding the existence or absence of wetlands or other natural conditions on the property, which may affect the ability to utilize and build upon the property.

Furthermore, the undersigned hereby release the Township of Lehman from any liability or responsibility with respect to the identification, delineation, or location of wetlands or other natural conditions on the above described property which may affect the use and development of said property.

Very truly yours,

Owner

Owner



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To All Contractors and Private Individuals:

Effective August 31, 1993, the following is needed before a Building Permit will be issued:

- 1) All contractors with employees must submit a completed Workers' Compensation Information Form and a current Workers' Compensation Insurance Certificate with the following information on it:
 - a) A notation to the effect that the insurer must notify the Township of the expiration or cancellation of any such policy of insurance within three (3) working days.
 - b) The certificate must list Lehman Township as a "certificate holder".
- 2) If the applicant is a private individual, that person does not need proof of insurance.

NOTE: Any violation of the above shall result in the issuing of a "stop work order" until compliance has been obtained.

Stanley Whittaker, Lehman Township Zoning Officer

Andy Amorosi, Lehman Township Zoning Officer

Workers' Compensation Insurance Coverage Information
(attach to building permit application)

A. The applicant is

A contractor within the meaning of the Pennsylvania Workers' Compensation Law
 Yes No

If the answer is "Yes", complete Section B and C below as appropriate.

B. Insurance Information

Name of Applicant _____

Federal or State Employer Identification No. _____

Applicant is a qualified self-insurer for Workers' Compensation.
 Certificate attached

Name of Workers' Compensation Insurer _____

Workers' Compensation Insurance Policy No. _____
 Certificate attached

Policy Expiration Date _____

C. Exemption

Complete Section C if the applicant is a contractor claiming exemption from providing Workers' Compensation Insurance

The undersigned swears or affirms that he/she is not required to provide Workers' Compensation insurance under the provisions of Pennsylvania Workers' Compensation Law for one of the following reasons, as indicated:

Contractor with 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 Township.**

Religious exemption under the Workers' Compensation Law.

Subscribed and sworn to before me this _____ day of _____, 20__

(Signature of Notary Public)

My commission expires: _____

(Seal)

Signature of applicant _____

Address _____

County of _____

Municipality of _____



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LEHMAN TOWNSHIP TRESPASS WAIVER

The undersigned is/are the owner(s) of land in Lehman Township, Pike County,
Pennsylvania, at the following location:

SUBDIVISION: _____

LOT NO.: _____ SECTION: _____

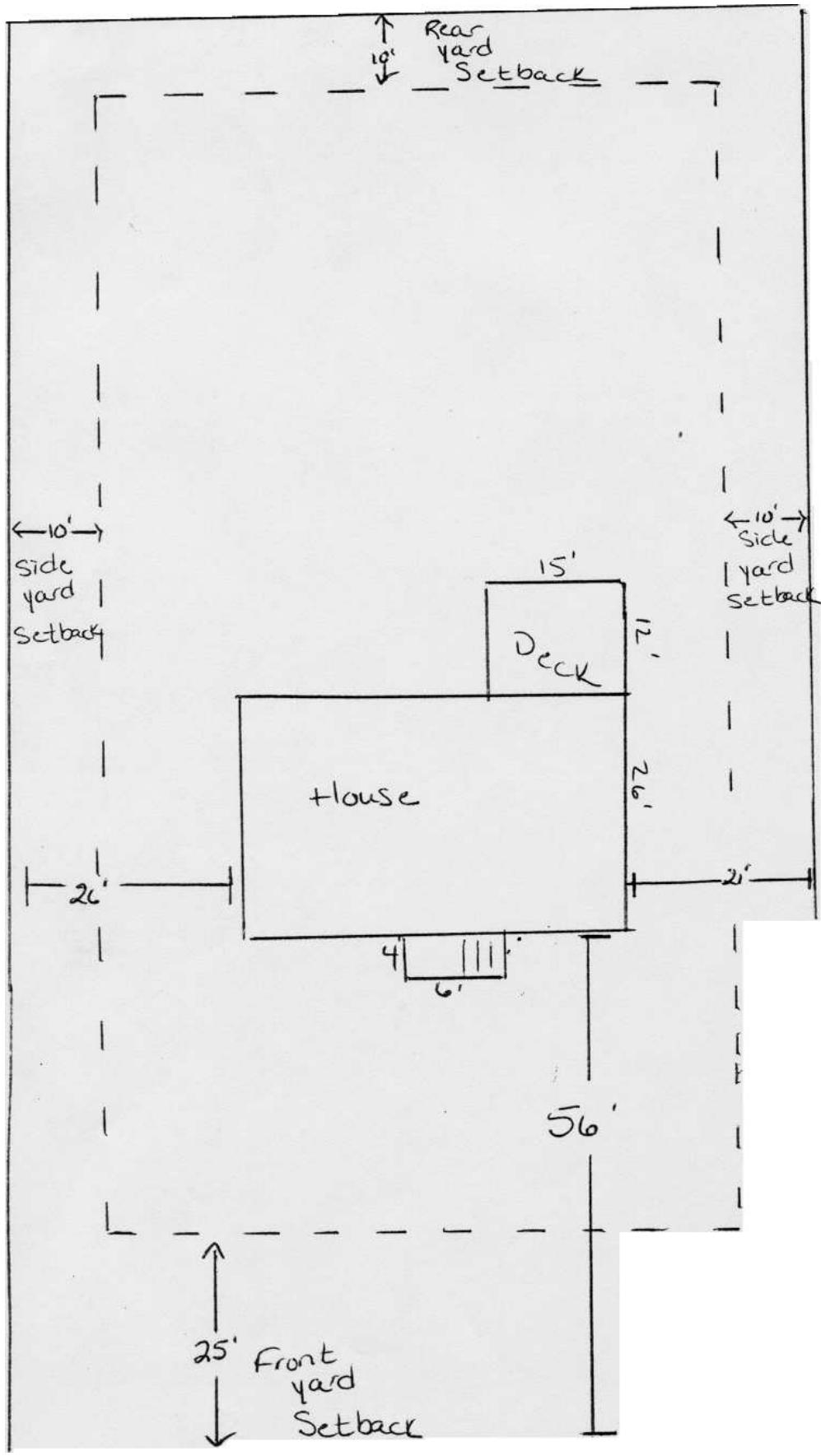
The undersigned authorize(s) and allow(s) any agents, employees, officials, or representatives of
Lehman Township to enter upon the above land for the purpose of performing any inspection or
testing necessary to verify information or determine the suitability of an application to Lehman
Township pertaining to Codes Enforcement; i.e. Zoning, building, sewage, etc.

IN WITNESS WHEREOF, the undersigned has/have signed this Waiver

This _____ day of _____, 200____, intending thereby to be legally bound.

Owner

Owner



WATER SUPPLY / SEWAGE DISPOSAL CERTIFICATION

LEHMAN TOWNSHIP BOARD OF SUPERVISORS

Name of Property Owner _____ Phone _____

Address _____ Zip _____

Property Location (Development, Lot # Section #, etc.) _____

Street _____

Name of Utility Company _____

Owner of Utility Company _____

Address _____

Water Supply _____ Sewage Disposal _____

Comments _____

The undersigned does hereby certify that he/she represents the above named utility company, that said Utility company can service the subject property and that said utility will, upon request by the owner of the above property or his agent, cause the same to be connected to the utility lines that are actually in place and capable of providing services to the subject property, which utility lines have been designed and permitted to serve said property. This certification is conditioned upon the applicant complying with the requirements of the utility company and payment by the applicant of any connection fees.

Date _____
_____ (Signature of Agent or Officer)

(BELOW THIS LINE FOR TOWNSHIP USE ONLY)

Zoning and Building Permit Number _____ Date of Issue _____

Comments _____

NO BUILDING SHALL BE USED OR OCCUPIED UNTIL SEWAGE CONNECTION IS MADE AND IN OPERATON.