

THE BOROUGH OF BEAVER

Application For

2026 BUILDING/ZONING PERMIT

469 Third Street, Beaver, PA 15009

www.beaverpa.us

Phone: 724-773-6700 Fax: 724-773-6711

beaverborough@comcast.net

Today's date: _____ Zoning District: _____ Tax Parcel #: _____

Property address: _____

Applicant name: _____ Phone: _____

Applicant address: _____ Email: _____

Property owner name: _____ Phone: _____

Property owner address: _____ Email: _____

Description of construction:

_____ Estimated cost: _____

Architect/Engineer: _____ Phone: _____

Address: _____

Contractor: _____ Phone: _____

Address: _____

Berkheimer Contractor Number: _____ Estimated start date: _____

The above information is true and correct and I hereby agree that all applicable provisions of the borough codes will be complied with, as well as the requirements from the municipal water & sewage authority and the PA Dept. of Labor & Industry, whether specified or not.

Printed Name

Applicant Signature

Date

☐ - Residential - MDIA Job #: _____

☐ - Commercial - MDIA Job #: _____

☐ - Emailed MDIA (Application/Cert. of Ins./Drawings) Date Sent: _____

Drawings: ☐ - Paper ☐ - Electronic - Date Sent: _____

The Borough of Beaver Building and Zoning Permit Agreement

*** This form must be signed by the property owner and the applicant***

In consideration of the issuance by the Borough of Beaver of a Building/Zoning Permit to the undersigned Applicant, the Applicant acknowledges that, in reviewing plans and specifications, in issuing permits, and in inspecting work of the Applicant, employees of the Borough are only performing their duties to require compliance with the minimum requirements of the applicable ordinances of the Borough pursuant to the police power of the Borough, and are not warranting to the Applicant or to any third party, the quality or adequacy of the design, engineering or work of the Applicant. The Applicant further acknowledges that it will not be possible for the Borough to review every aspect of the Applicant's design and engineering, or to inspect every aspect of the Applicant's work. Accordingly, neither the Borough nor any of its elected or appointed officials or employees shall have liability to the applicant for defects or shortcomings should have been discovered during the Borough's review or inspections.

The Applicant agrees to defend, hold harmless, and indemnify the Borough, its elected and appointed officials and employees from and against any and all claims, demands, actions, and causes of action of any one or more third parties arising out of or relating to the Borough's review or inspection of the Applicant's design, engineering or work, or insurance of a permit or permits, or arising out of or relating to the design, engineering or work done by the Applicant pursuant to such permit or permits.

All references in this agreement are applicable to the Applicant's employees, agents, independent contractors, subcontractors of any other persons or entities performing work pursuant to the issuance of the Building or Zoning Permit by the Borough.

Furthermore, the Applicant is hereby informed that any violation(s) of the Building Code and/or the Zoning Code for the Borough of Beaver is subject to fines and penalties as stated in applicable ordinance(s)

Applicant Signature

Date

**Property Owner(s) Signature

**(MUST be Notarized if the property owner is not the applicant)

Date

2026 Fees:

\$200: Zoning/Occupancy/Building/Sign/New Single Family Dwelling/Additions to existing Building

\$250: New Residential more than Single Family Dwelling (cost per unit-\$250)

\$500: New Commercial (per 1st 2000 sq. ft. + \$100 per additional 1,000 sq ft.)

\$100: Fence

Permit Fee: _____ - PERMIT FEE IS NON-REFUNDABLE

Date Paid: _____ ☐ Cash ☐ Check # _____

☐ Approved ☐ Denied Date: _____

Zoning Officer Signature

Reason for Denial: _____

Approval is subject to the conditions noted: _____

Needs M.D.I.A Approval ☐ Yes ☐ No

☐ Approved ☐ Denied Date: _____

Building Code Official Signature

Permit #

Date Issued

NOTARY
SEAL

The Borough of Beaver

Building and Zoning Permit Guidelines

1. All permit applications must be completed before it will be reviewed for Zoning and Building code compliance.
2. All applications for additions, porches, accessory structures, fences, and similar structures **may need a survey** indicating applicable setbacks for all structures on the same parcel.
3. Three (3) sets of building plans and/or specifications are to be submitted with the application for additions, new structures, and commercial projects. All applications that involve commercial and/or structural work must include drawings and specifications signed and sealed by a licensed architect or engineer. All work must comply with Building Code.
4. Plans for structures other than 1 or 2 family dwellings or minor renovations, must be submitted to a certified plan review agency for review and approval at the applicant(s) expense. Details on the foundation, footer, and wall cross sections must be submitted. This includes details on the fill around the footer and the plan for footer drains, and basement floor channel drains. Sizing and spacing of framing members should be included.
5. The OWNER of the property must sign the Permit Agreement. The Permit Agreement must be notarized if the owner is not the applicant and the owner is not able to sign the Permit Agreement in the presence of the Building Official.
6. All fees must be paid prior to issuing a permit.
The fees for Building/Zoning Permits are as follows: \$200 (all Construction Projects) \$100 (Fence/wall). See fee schedule for a complete and accurate list. Please note that M.D.I.A. Has their own fee schedule. We will notify the applicant of their fees prior to issuing a permit. See our current fee schedule for additional fees.
7. The Zoning/Code Enforcement Officer will act upon a completed application for a Building/Zoning Application within 30 days of receiving the completed application.
8. If the work described in any Permit has not begun within six (6) months from the date of issuance thereof, said Permit shall expire and be canceled. If the described work has not been substantially completed within 18 months of the date of issuance thereof, said Permit and any zoning relief shall expire and be cancelled.
9. It shall be the applicants' responsibility to obtain all applicable permits and approvals from the PA Department of Labor and Industry and the PA UCC at (717)787-3806.
10. If the property does or will require access to a public road and/or will require improvement/change of existing driveway access to a public road: If such public road is under the jurisdiction of the Commonwealth of PA, you must obtain a Highway Occupancy Permit. Application for such Highway Occupancy Permit as to a Commonwealth road must be made to, with and process by the PA Dept. of Transportation. If such road is under the jurisdiction of Beaver Borough you must apply for and obtain a Driveway Permit from the Borough.
11. An issued building/zoning permit must be posted and displayed prominently on the premises by the applicant, facing the street of the address, until all such work has been completed.
12. Any denial can be appealed to the Zoning Hearing Board.

Note: This list is not all-inclusive. The Borough of Beaver reserves the right to add, delete, and change these requirements.

All public and private construction, demolition and grading work, and related activities performed pursuant to a building permit shall be performed between the hours of 7:00am and 7:00pm, Monday through Saturday, and no such work shall be performed at any time on Sundays or legal holidays, unless the permit holder obtains written consent from the Borough.

The Borough of Beaver

Certificate of Insurance/Affidavit of Exemption

The applicant for the building permit, in compliance with the Worker's Compensation Reform Act #44 of 1993, hereby submits (Check One):

- ☐ Certificate of Insurance (please attach)
- ☐ Certificate of Self Insurance (complete below)
- ☐ Affidavit of Exemption (complete & notarize exemption form)

If a certificate of Insurance of Self-Insurance has been submitted, please complete the following:

Name of Insurer or Self-Insurer: _____

Address: _____

City: _____ State: _____ Zip: _____

Policy #: _____ Coverage Period Ends: _____

Name of Contractor/Policy holder: _____

Address: _____

City: _____ State: _____ Zip: _____

Contractor/Policy Holder's Federal/State Employer Identification # (EIN): _____

1. This policy provides coverage for 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 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/policy holder to a stop-work and other fines and penalties as provided by law.

The Borough of Beaver Affidavit of Exemption Form

If an exemption is being claimed, please complete the following and sign in the presence of a notary public:

Basis for Exemption

- ☐ Applicant is an individual who owns the property - (Homeowner is doing the 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.

Name of Applicant: _____

Address: _____

City: _____ State: _____ Zip: _____

Applicant's Federal or State Employer Identification # (EIN): _____

1. Any subcontractors used on this project will be required to carry their own workers' compensation coverage.
2. The applicant is not permitted to employ any individual to perform work on this project pursuant to the permit in violation of the Act.
3. Violation of the Workers' Compensation Act or the terms of this permit will subject the applicant to a stop-work order and other fines and penalties provided by law.

State of _____

County of _____

Notary SEAL

My signature on behalf 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. S4909 relating to unsworn falsifications to authorities.

Applicant/Contractor Signature

Please Print

this _____ day of _____
day Month Year

Signature of Notary

Printed Name of Notary

My commission expires: _____



EMPLOYER REGISTRATION

Local Earned Income Tax Withholding

You are entitled to receive a written explanation of your rights with regard to the audit, appeal, enforcement, refund and collection of local taxes by contacting your Tax Officer.

EMPLOYER INFORMATION

EMPLOYER BUSINESS NAME (Use Federal ID Name)

MAIN CORPORATE/BUSINESS LOCATION - STREET ADDRESS (No PO Box, RD or RR)

SECOND LINE OF ADDRESS

CITY OR POST OFFICE

STATE

ZIP

EMPLOYER BUSINESS LOCATION - STREET ADDRESS WITHIN PA (if same as above, leave blank. No PO Box, RD or RR)

SECOND LINE OF ADDRESS

CITY OR POST OFFICE

STATE

ZIP

MUNICIPAL TAXING AUTHORITY (City, Borough or Township) IN WHICH FACILITY OR BUSINESS IS LOCATED

COUNTY

BUSINESS PHONE NUMBER

BUSINESS FAX NUMBER

EMPLOYER PA BUSINESS LOCATION PSD CODE

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FEDERAL EIN OR SOCIAL SECURITY #

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ORGANIZATION

TYPE OF ORGANIZATION

☐ LLC

☐ Individual Proprietorship

☐ Partnership

☐ Association

☐ Fiduciary

☐ Corporation

PRIMARY NATURE/OPERATION OF BUSINESS

DATE OF INCORPORATION (MM/DD/YYYY)

DATE OPERATION BEGAN AT THIS LOCATION (MM/DD/YYYY)

ACCOUNTING INFORMATION

Does your organization have multiple site locations within Pennsylvania? ☐ Yes ☐ No

Has your organization opted to remit EIT for employees at all locations to a single Tax Collection District? ☐ Yes ☐ No

If YES, please insert 2-digit code for Tax Collection District Selected (choose from list on reverse side)

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Under penalties of perjury, I (we) declare that I (we) have examined this information, including all accompanying schedules and statements and to the best of my (our) belief, they are true, correct and complete.

PRIMARY CONTACT INDIVIDUAL (First Name, Last Name)

TITLE

PRIMARY CONTACT PHONE NUMBER

PRIMARY CONTACT EMAIL ADDRESS

SIGNATURE OF PRIMARY CONTACT INDIVIDUAL

DATE (MM/DD/YYYY)

TCD Code	Tax Collection District	TCD Code	Tax Collection District
01	ADAMS TAX COLLECTION DISTRICT	32	INDIANA TAX COLLECTION DISTRICT
70	ALLEGHENY CENTRAL TAX COLLECTION DISTRICT	33	JEFFERSON TAX COLLECTION DISTRICT
71	ALLEGHENY NORTH TAX COLLECTION DISTRICT	34	JUNIATA TAX COLLECTION DISTRICT
72	ALLEGHENY SOUTHEAST TAX COLLECTION DISTRICT	35	LACKAWANNA TAX COLLECTION DISTRICT
73	ALLEGHENY SOUTHWEST TAX COLLECTION DISTRICT	36	LANCASTER TAX COLLECTION DISTRICT
03	ARMSTRONG TAX COLLECTION DISTRICT	37	LAWRENCE TAX COLLECTION DISTRICT
04	BEAVER TAX COLLECTION DISTRICT	38	LEBANON TAX COLLECTION DISTRICT
05	BEDFORD TAX COLLECTION DISTRICT	39	LEHIGH TAX COLLECTION DISTRICT
06	BERKS TAX COLLECTION DISTRICT	40	LUZERNE TAX COLLECTION DISTRICT
07	BLAIR TAX COLLECTION DISTRICT	41	LYCOMING TAX COLLECTION DISTRICT
08	BRADFORD TAX COLLECTION DISTRICT	42	MCKEAN TAX COLLECTION DISTRICT
09	BUCKS TAX COLLECTION DISTRICT	43	MERCER TAX COLLECTION DISTRICT
10	BUTLER TAX COLLECTION DISTRICT	44	MIFFLIN TAX COLLECTION DISTRICT
11	CAMBRIA TAX COLLECTION DISTRICT	45	MONROE TAX COLLECTION DISTRICT
12	CAMERON TAX COLLECTION DISTRICT	46	MONTGOMERY TAX COLLECTION DISTRICT
13	CARBON TAX COLLECTION DISTRICT	47	MONTOUR TAX COLLECTION DISTRICT
14	CENTRE TAX COLLECTION DISTRICT	48	NORTHAMPTON TAX COLLECTION DISTRICT
15	CHESTER TAX COLLECTION DISTRICT	49	NORTHUMBERLAND TAX COLLECTION DISTRICT
16	CLARION TAX COLLECTION DISTRICT	50	PERRY TAX COLLECTION DISTRICT
17	CLEARFIELD TAX COLLECTION DISTRICT	51	PHILADELPHIA TAX COLLECTION DISTRICT
18	CLINTON TAX COLLECTION DISTRICT	52	PIKE TAX COLLECTION DISTRICT
19	COLUMBIA TAX COLLECTION DISTRICT	53	POTTER TAX COLLECTION DISTRICT
20	CRAWFORD TAX COLLECTION DISTRICT	54	SCHUYLKILL TAX COLLECTION DISTRICT
21	CUMBERLAND TAX COLLECTION DISTRICT	55	SNYDER TAX COLLECTION DISTRICT
22	DAUPHIN TAX COLLECTION DISTRICT	56	SOMERSET TAX COLLECTION DISTRICT
23	DELAWARE TAX COLLECTION DISTRICT	57	SULLIVAN TAX COLLECTION DISTRICT
24	ELK TAX COLLECTION DISTRICT	58	SUSQUEHANNA TAX COLLECTION DISTRICT
25	ERIE TAX COLLECTION DISTRICT	59	TIOGA TAX COLLECTION DISTRICT
26	FAYETTE TAX COLLECTION DISTRICT	60	UNION TAX COLLECTION DISTRICT
27	FOREST TAX COLLECTION DISTRICT	61	VENANGO TAX COLLECTION DISTRICT
28	FRANKLIN TAX COLLECTION DISTRICT	62	WARREN TAX COLLECTION DISTRICT
29	FULTON TAX COLLECTION DISTRICT	63	WASHINGTON TAX COLLECTION DISTRICT
30	GREENE TAX COLLECTION DISTRICT	64	WAYNE TAX COLLECTION DISTRICT
31	HUNTINGDON TAX COLLECTION DISTRICT	65	WESTMORELAND TAX COLLECTION DISTRICT
		66	WYOMING TAX COLLECTION DISTRICT
		67	YORK TAX COLLECTION DISTRICT