

**BOROUGH OF MANSFIELD
CODE ADMINISTRATION**

14 SOUTH MAIN STREET
MANSFIELD, PA
(570) 662-2315

**FENCE PERMIT
APPLICATION**

PERMIT #ZF - ___ Date: ___/___/___ **Cost: \$** _____

Project Address: _____

Owner of Property : _____
Name _____ Phone # _____

Mailing Address : _____
Street# _____ City _____ State _____ Zip _____

Contractor/Applicant : _____
Name _____ Phone # _____

Mailing Address : _____
Street # _____ City _____ State _____ Zip _____

Proposed type of Fence (check One)	Existing Use of Land/Building	Front Yard Fence Length _____ Height _____	Estimated Cost
<input type="checkbox"/> Chain Link <input type="checkbox"/> Wood <input type="checkbox"/> Metal <input type="checkbox"/> Vinyl <input type="checkbox"/> Other (explain) _____		Rear Yard Fence Length _____ Height _____	
		Side Yard Fence Length _____ Height _____	

Permit Information	(Please Check only One)
	<input type="checkbox"/> Erect
	<input type="checkbox"/> Relocate
	<input type="checkbox"/> Re-issue (change of Fence)

Applicant Remarks (optional) _____

I HEREBY CERTIFY THAT I AM THE OWNER OF RECORD OF THE NAMED PROPERTY, OR THAT THE PROPOSED WORK IS AUTHORIZED BY THE OWNER OF RECORD AND THAT I HAVE BEEN AUTHORIZED BY THE OWNER TO MAKE THIS APPLICATION AS HIS AUTHORIZED AGENT AND I AGREE TO CONFORM TO ALL APPLICABLE LAWS AND CODES OF THIS JURISDICTION. I ALSO CERTIFY THAT ALL INFORMATION ON THIS APPLICATION IS TRUTHFUL, AND THAT IF ANY OF THE INFORMATION PROVIDED IS INCORRECT, THE PERMIT MY BE REVOKED. IN ADDITION, IF A PERMIT FOR WORK DESCRIBED IN THIS APPLICATION IS ISSUED, I CERTIFY THAT THE CODE OFFICIAL OR THE CODE OFFICIALS AUTHORIZED REPRESENTATIVE SHALL HAVE THE AUTHORITY TO ENTER AREAS COVERED BY SUCH PERMIT AT ANY REASONABLE HOUR TO ENFORCE THE PROVISIONS OF THE CODE (S) APPLICABLE TO SUCH PERMIT. IF A PERMIT IS ISSUED I UNDERSTAND THAT IF A PERMIT IS ISSUED WRONGFULLY, WHETHER BASED ON MISINFORMATION OR AN IMPROPER APPLICATION OF THE CODE, THE PERMIT MAY BE REVOKED.

Signature _____ Print Name _____ Date _____

Fill in applicable information (Check primary contact person)

Owner _____ Phone # _____ Fax # _____

Contractor _____ Phone # _____ Fax # _____

PLOT PLAN: Sketch plan here or attach drawing to application

DO NOT WRITE BELOW THIS LINE---OFFICE USE ONLY

Zoning District <input type="checkbox"/> R-1 <input type="checkbox"/> R-2 <input type="checkbox"/> R-3 <input type="checkbox"/> B-1 <input type="checkbox"/> B-2 <input type="checkbox"/> B-3 <input type="checkbox"/> 0-1 <input type="checkbox"/> M-1 <input type="checkbox"/> P-1 Setbacks _____ Front _____ Side _____ Rear Map Number _____ Deed/Ref _____ / _____	<p align="center"><u>Reviews Required</u></p> <input type="checkbox"/> Codes & Zoning Date ____/____/____ <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Zoning Hearing Board Date ____/____/____ Type of Appeal _____ Results or Conditions _____ <input type="checkbox"/> Planning Commission Date ____/____/____ <input type="checkbox"/> Borough Engineer Date ____/____/____ <input type="checkbox"/> Other _____ Date ____/____/____	<p align="center"><u>Inspections Required</u></p> <input type="checkbox"/> Site <input type="checkbox"/> Footings <input type="checkbox"/> Final
DRAWINGS <input type="checkbox"/> SITE PLAN <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> ARCHITECTURAL <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DRAWINGS <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> OTHER _____	<p align="center">VAIDATION</p> Number _____ ZF____-____ Date _____ ____/____/____ FEES Permit Fee _____ _____ _____ Total Fees _____	

APPROVED DENIED, REASON : _____

BY: _____ DATE: _____

INSPECTION RECORD		
DATE	NOTE PROGRESS - CORRECTIONS AND REMARKS	INSPECTOR

BOROUGH OF MANSFIELD
CODE ADMINISTRATION
14 SOUTH MAIN STREET
MANSFIELD, PA 16933
(570) 662-2315

WORKER'S COMPENSATION AFFIDAVIT

Physical Address: _____ **Tax parcel number:** _____

Commonwealth of Pennsylvania)
County of Tioga)

On this _____ day of _____, 20____,

Name: _____

Company Name: _____

Address: _____

Federal ID Number: _____

Personally appeared before me who, being duly sworn according to law, does solemnly swear as follows: (NOTE: Choose only one of the following)

_____**Certificate of insurance.** Attached hereto is my Certificate of Insurance or self-insurance evidence compliance with Pennsylvania's Workers' Compensation Law, which insurance, of self-insurance remains in full force and effect.

_____**Property Owner Performing own work.** I own this property and will perform all work myself. If I do hire contractors or employees to perform any work under the building permit issued in connection herewith, I, or my contractor will provide proof of workers' compensation insurance immediately.

_____**Contractor has no employees.** As contractor, I will perform all work required in connection with this permit myself. I have no employees and will use no subcontractors. I understand that I am prohibited by law from employing any individual to perform work under the building permit issued in connection herewith, unless I provide proof or insurance to The Borough of Mansfield Code Administration. After receipt of the building permit, if I employ any other persons, I agree to notify The Borough of Mansfield Code Administration and immediately provide proof of workers' compensation coverage.

_____**Contractor uses subcontractors.** I have no employees and will use only subcontractors in performing the work under the building permit issued in connection herewith. Prior to commencement of the work, I have been provided with evidence or workers' compensation issuance coverage for each subcontractor I will use in performing the work. Alternately, I have been provided with evidence that non-covers subcontractors have no employees and I will not allow them to use employees on the job unless further evidence or workers' compensation coverage is provided to me.

_____**Religious exemption.** All of my employees who will perform work under the building permit issued in connection herewith are exempt on religious ground under Section 304.2 of the Workers' Compensation Act. By way of further explanation, I state the following:

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 or exemption is submitted. I further agree that should any required Workers' Compensation Coverage be terminated during the progress of the work, that I will immediately notify The Borough of Mansfield Code Administration and a **STOP WORK ORDER** will be issued until coverage is reinstated.

Signature of Property Owner if doing work alone
Or Signature of Contractor

NOTARY REQUIRED

Sworn and subscribed to before me on this _____ day of _____, 20____

SEAL

By: _____
Signature of Notary