

# BOROUGH OF BELLEVUE

537 Bayne Avenue Pittsburgh, PA 15202

Phone: 412-766-7453

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[www.bellevuepa.org](http://www.bellevuepa.org)

## Zoning Permit Application

### PURPOSE

A Zoning Permit Application is required by the Borough of Bellevue when undertaking any alterations to a property or changes to a property's use. This ensures that any alterations or changes in use comply with the Joint Zoning Ordinance and any workdone meets safety standards.

### APPLICATION CHECKLIST

- Fully completed and signed application.
- All applicable PennDOT Highway Occupancy Permits, if required.
- Workers' Compensation Insurance Certificate from all identified contractors.
- Site plan or plat of survey (preferred) drawn to scale, to include:
  - Location and dimensions of lot.
  - Location and dimensions of all existing/proposed buildings on lot and those within 50 feet.
  - All driveways and accesses to property.
  - Setbacks from front, side, and rear property lines.
  - Floor elevation of proposed new buildings.
  - North arrow.
  - Copy of Occupancy Compliance issued by Borough's building inspector.
  - Any additional information deemed necessary by Bellevue Borough officials.
  - \$50.00 fee payable to The Borough of Bellevue

# Zoning Permit Application

Incomplete Applications Will Not Be Reviewed

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

## PROPERTY INFORMATION

ADDRESS: _____		LOT/BLOCK#: _____
IS THE PROPERTY IN A FLOOD ZONE ?:	<input type="checkbox"/> YES <input type="checkbox"/> NO	CONSTRUCTION COST (EST.): \$ _____
ZONING DISTRICT: R-L R-M R-H MU C-NC C-HC COS T	FAIR MARKET VALUE: \$ _____	

## APPLICANT INFORMATION

APPLICANT NAME: _____	EMAIL: _____
ADDRESS: _____	PHONE: _____

## OWNER OF RECORD (check here if same as applicant)

NAME OF OWNER: _____	EMAIL: _____
ADDRESS: _____	PHONE: _____

## PROJECT INFORMATION

APPLICATION FOR (Check all that apply): <input type="checkbox"/> New Commercial Building <input type="checkbox"/> New Residential Building <input type="checkbox"/> Exterior Alteration <input type="checkbox"/> Interior Alteration <input type="checkbox"/> Addition to Building <input type="checkbox"/> Accessory Building <input type="checkbox"/> Fence/Wall <input type="checkbox"/> Deck <input type="checkbox"/> Pool <input type="checkbox"/> Parking/Driveway <input type="checkbox"/> Change of Use <input type="checkbox"/> Sidewalk Replacement <input type="checkbox"/> Other: _____	CURRENT BUILDING USE	SETBACK INFORMATION
	PROPOSED USE*	Front Lot Line: _____ (ft) Side Lot Line: _____ (ft) Rear Lot Line: _____ (ft)
	<input type="checkbox"/> Residential # of Units _____ <input type="checkbox"/> Mercantile <input type="checkbox"/> Business <input type="checkbox"/> Factory or Industrial <input type="checkbox"/> Storage <input type="checkbox"/> Institutional <input type="checkbox"/> Educational <input type="checkbox"/> Assembly <input type="checkbox"/> Utility and Misc. <input type="checkbox"/> Other: _____	STRUCTURE INFORMATION
		Structure Area: _____ (sq ft) Structure Height: _____ (ft)
	Will this project require Conditional or Special Exception Use review?  <input type="checkbox"/> YES <input type="checkbox"/> NO	

**PROJECT DESCRIPTION**

Please provide a complete and accurate description of the proposed project.

WORK WILL BE PERFORMED BY:

CONTRACTOR

HOMEOWNER

**CONTRACTOR / PROFESSIONAL SERVICES**

NAME/COMPANY:

ADDRESS:

PHONE:

EMAIL:

HIC #:

Contractor, in compliance of Act 44 (Workers' Compensation) of 1993, hereby submits: *(please check one)*

Certificate of Insurance

Certificate of Self-Insurance

Affidavit of Exemption

Contractor/Applicant is Sole Proprietorship

Contractor/Applicant is a corporation or partnership and the only employees working on the job have and are qualified as "Executive Employees" under Section 104 of the Workers Compensation Act. Please explain:

**ARCHITECT / ENGINEER**

NAME/COMPANY:

N/A SAME AS ABOVE

ADDRESS:

PHONE:

EMAIL:

LICENSE #:

**FLOOD ZONE REQUIREMENTS**

*Properties located in the flood zone may require additional information as part of the application process and may be subject to additional fees and review procedures.*

**STORMWATER REQUIREMENTS**

*Qualifying projects may require additional information as part of the application process and may be subject to additional fees and review procedures.*

**SIGNATURE**

I hereby certify that the above information is true and correct to the best of my knowledge and belief, and that the proposed use/work is authorized by the owner of record. I further agree to comply with the provisions of the Codes and Regulations of the Borough of Bellevue and all other applicable laws and regulations of Allegheny County, Commonwealth of Pennsylvania and the United States, whether or not specified in this application. In addition, I agree that if a permit is issued, the permit may be revoked by administrative action of the Borough of Bellevue for failure to comply with said laws and regulations.

I understand that in consideration of the issuance by the Borough of Bellevue of a Zoning Permit to the undersigned Applicant, the Applicant acknowledges that, in reviewing plans and specifications, in issuing Zoning Permits, and in inspecting property of the Applicant, employees of the Borough are only performing their duties to require compliance with the minimum requirements of the applicable ordinances.

I understand that this permit application is not for a building permit or grading permit and a separate form must be completed for work related to grading and/or construction.

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

APPLICANT SIGNATURE: \_\_\_\_\_

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

OWNER SIGNATURE (if different): \_\_\_\_\_

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

**BOROUGH USE ONLY**

RECEIVED:	<p align="center"><u>STATUS</u></p> <input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED <input type="checkbox"/> BUILDING PERMIT REQ'D <input type="checkbox"/> CHANGE IN OCCUPANCY	
APPROVAL CONDITIONS:		
DENIAL REASONS:		
PERMIT #:	ISSUED BY:	DATE: