

# RANSOM TOWNSHIP ZONING PERMIT APPLICATION APPLICATION CHECKLIST

THE ZONING OFFICER OF RANSOM TOWNSHIP WILL REQUIRE THE FOLLOWING IN ORDER TO PROCESS YOUR APPLICATION FOR A ZONING PERMIT.

- ONE (1) COPY OF THE SIGNED APPLICATION
- ONE (1) COPY OF THE CERTIFICATION OF PROPERTY OWNER (IF APPLICABLE)
- ONE (1) COPY OF THE WORKERS COMPENSATION INSURANCE-COVERAGE INFORMATION FORM
- ONE (1) COPY OF THE CURRENT DEED OF RECORD
- THREE (3) COPIES OF THE PLOT PLAN DRAWN TO SCALE
- ONE (1) COPY OF THE SIGNED PRE-CONSTRUCTION APPLICATION (IF APPLICABLE)
- FEE IN THE AMOUNT SPECIFIED ON CURRENT TOWNSHIP FEE SCHEDULE. PLEASE SEE ATTACHED COPY OF RESOLUTION. PLEASE MAKE ALL CHECKS PAYABLE TO "RANSOM TOWNSHIP"

\_\_\_\_\_  
RECEIVED BY

\_\_\_\_\_  
DATE

## IMPORTANT PLEASE READ CAREFULLY

- RANSOM TOWNSHIP DOES NOT TAKE ANY RESPONSIBILITY FOR ANY PROPERTY LINE DISPUTES ARISING BETWEEN ADJOINING LAND OWNERS.
- THE APPLICANT IS RESPONSIBLE FOR IDENTIFYING ANY AND ALL EASEMENTS OR RIGHT-OF-WAYS THAT MAY AFFECT THE SUBJECT PROPERTY.
- RANSOM TOWNSHIP DOES NOT MONITOR OR ENFORCE ANY COVENANTS OR RESTRICTIONS WITH RESPECT TO THE TITLE OF PRIVATE PROPERTY.
- ALL ISSUED PERMITS ARE GOOD FOR ONE (1) YEAR FROM THE DATE OF APPROVAL.
- THE ZONING OFFICER RESERVES THE RIGHT TO REQUEST ANY ADDITIONAL INFORMATION DEEMED NECESSARY IN ADDITION TO WHAT IS LISTED ABOVE IN THE INTEREST OF PROTECTING PUBLIC SAFETY.
- ANY PROJECT LOCATED IN THE FLOODPLAIN WILL BE SUBJECT TO THE RULES AND REGULATIONS SET FORTH IN ORDINANCE #2020-01. THE LOCATION OF THE FLOODPLAIN SHALL BE NOTED ON THE REQUIRED SITE PLAN WHERE APPLICABLE.
- ALL PROJECTS SHALL BE SUBJECT TO THE RULES AND REGULATIONS SET FORTH IN RANSOM TOWNSHIP ZONING ORDINANCE DATED JANUARY 2, 2018 AS WELL AS ALL CURRENT REVISIONS AND AMENDMENTS.
- ALL PROJECTS SUBJECT TO ANY OTHER APPLICABLE STATE, COUNTY AND TOWNSHIP ORDINANCES AND REGULATIONS.
- COPIES OF TOWNSHIP ORDINANCES CAN BE FOUND ON THE TOWNSHIP WEBSITE, OR OBTAINED BY CONTACTING RANSOM TOWNSHIP.

**FOR QUESTIONS OR ADDITIONAL INFORMATION PLEASE CONTACT RANSOM TOWNSHIP AT:**

**RANSOM TOWNSHIP BUILDING  
2435 HICKORY LANE  
CLARKS SUMMIT, PA 18411**

**PHONE: 570-586-7250  
FAX: 570-587-7021  
RANSOM2435@EPIX.NET**

PERMIT# \_\_\_\_\_

Date: \_\_\_\_\_

**RANSOM TOWNSHIP  
ZONING PERMIT**

*In accordance with Ransom Township Zoning Ordinance  
Application is hereby made by the undersigned for a Zoning Permit*

Zoning District \_\_\_\_\_

Location: \_\_\_\_\_

Purpose of Construction:

- Home \_\_\_\_\_
- Building \_\_\_\_\_
- Addition \_\_\_\_\_
- Shed \_\_\_\_\_
- Pool \_\_\_\_\_
- Fence \_\_\_\_\_
- Other \_\_\_\_\_

Cost \$ \_\_\_\_\_

Property Owner: \_\_\_\_\_

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

Phone# \_\_\_\_\_ Email \_\_\_\_\_

Contractor \_\_\_\_\_

Address \_\_\_\_\_

Phone# \_\_\_\_\_ Email \_\_\_\_\_

PA Contractors License # \_\_\_\_\_

**I hereby agree to obey all ordinances and laws of the Township of Ransom and the Commonwealth of Pennsylvania concerning Building and Zoning Regulations.**

**Applicant's Signature** \_\_\_\_\_

Approved by \_\_\_\_\_

Amount Due \_\_\_\_\_ Amount Received \_\_\_\_\_

*\*Ransom Township Accepts Checks or Money Orders*

**\*\*This permit is not a building permit. A building permit is still required.\*\***

**Certification of Property Owner**

Commonwealth of Pennsylvania

County of \_\_\_\_\_

I, \_\_\_\_\_, am the authorized owner of the real property that is subject of a zoning application of Ransom Township, known and located at \_\_\_\_\_, Ransom Township, Lackawanna County, Pennsylvania.

I hereby grant unto \_\_\_\_\_, the authority to submit an application in the form attached hereto as Exhibit A on my behalf. I hereby confirm that I have reviewed the said application and I understand that the approval of the application will establish setbacks, buffer areas, landscaping, building coverage/impervious surface, parking requirements, stormwater requirements, and other performance standards contained in the Zoning Ordinance on said property.

I have been fully informed of my rights prior to signing this Certification and I give the Ransom Township Zoning Officer the authority to rule on the application attached as Exhibit A.

Date: \_\_\_\_\_

\_\_\_\_\_  
Owner's Signature:

\_\_\_\_\_  
Owner's Name (Print):

Sworn to before me this \_\_\_\_\_ day  
Of \_\_\_\_\_, 20\_\_\_\_\_

Notary Public Signature/Seal: \_\_\_\_\_

*This certification must be dated within 30 days prior to any application. Any certification signed more than 30 days prior to submission of any application will be rejected.*

**Zoning Permit Verification**

Date of Zoning Permit Application: \_\_\_\_\_

I understand that I must comply with all provisions of the Zoning Ordinance and other Township/County Ordinances, regardless of whether such requirements are specified in the Zoning Permit.

I hereby certify that the Zoning Permit Application and accompanying plans and information submitted by me are true and correct to the best of my knowledge, information and belief.

I further certify that I am authorized by the owner to make the Zoning Permit Application, and that the owner shall be made aware of all conditions of any resulting Zoning Permit.

I further acknowledge that in submitting a Zoning Permit Application I am consenting to allow the zoning officer rights to enter the premises for inspection and verification of features related to this application.

**I understand that false statements herein are made subject to the penalties of 18 Pa. C.S., Section 4904, relating to unsworn falsification to authorities.**

Date: \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Applicant's Name (Print)

## RANSOM TOWNSHIP PRE-CONSTRUCTION APPLICATION

### I: IDENTIFICATION

	NAME	MAILING ADDRESS	PHONE #	E-MAIL ADDRESS
APPLICANT				
OWNER				
TAX PARCEL I.D.				
CONTRACTOR				
PA CONTRACTOR'S LICENSE #				

I HEREBY CERTIFY 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 AGENT

SIGNATURE	ADDRESS	APPLICATION DATE
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### II: TYPE AND SELECTED CHARACTERISTICS OF IMPROVEMENTS

#### SECTION A: STRUCTURAL DEVELOPMENT (CHECK ALL THAT APPLY)

TYPE OF STRUCTURE	TYPE OF STRUCTURAL ACTIVITY
<input type="checkbox"/> RESIDENTIAL (1 TO 4 FAMILIES)	<input type="checkbox"/> NEW STRUCTURE
<input type="checkbox"/> RESIDENTIAL (GREATER THAN 4 FAMILIES)	<input type="checkbox"/> DEMOLITION OF EXISTING STRUCTURE
<input type="checkbox"/> COMBINED USE (RESIDENTIAL AND NON-RESIDENTIAL)	<input type="checkbox"/> REPLACEMENT OF EXISTING STRUCTURE
<input type="checkbox"/> NON-RESIDENTIAL	<input type="checkbox"/> RELOCATION OF EXISTING STRUCTURE
<input type="checkbox"/> FLOOD-PROOFED (ATTACH CERTIFICATION)	<input type="checkbox"/> ADDITION TO EXISTING STRUCTURE
<input type="checkbox"/> ELEVATED (ATTACH CERTIFICATION)	<input type="checkbox"/> ALTERATION TO EXISTING STRUCTURE
<input type="checkbox"/> MANUFACTURED HOME	OTHER:
<input type="checkbox"/> INDIVIDUAL LOT	
<input type="checkbox"/> LOCATED IN MANUFACTURED HOME PARK	

#### SECTION B: OTHER DEVELOPMENT ACTIVITIES (CHECK ALL THAT APPLY)

<input type="checkbox"/> CLEARING OF TREES, VEGETATION, OR DEBRIS	<input type="checkbox"/> GRADING
<input type="checkbox"/> CONNECTION TO PUBLIC UTILITIES/SERVICES	<input type="checkbox"/> CONCRETE
<input type="checkbox"/> DRAINAGE IMPROVEMENT (INCLUDING CULVERT WORK)	<input type="checkbox"/> PAVING
<input type="checkbox"/> DREDGING/DRILLING	<input type="checkbox"/> PLACEMENT OF FILL MATERIAL
<input type="checkbox"/> RETAINING WALL	<input type="checkbox"/> ROADWAY OR BRIDGE CONSTRUCTION
<input type="checkbox"/> SWIMMING POOL	<input type="checkbox"/> WATERCOURSE ALTERATION
<input type="checkbox"/> EXCAVATION (NOT RELATED TO STRUCTURAL ACTIVITY LISTED IN SECTION A)	
<input type="checkbox"/> OTHER (PLEASE EXPLAIN)	

#### SECTION C: TYPE OF SEWAGE DISPOSAL

#### SECTION D: TYPE OF WATER SUPPLY

<input type="checkbox"/> PUBLIC / MUNICIPAL SYSTEM	<input type="checkbox"/> PUBLIC / MUNICIPAL SUPPLY
<input type="checkbox"/> PRIVATE ON-LOT	<input type="checkbox"/> PRIVATE ON-LOT

### II: SITE LOCATION

PLEASE LIST THE LOCATION OF PROPOSED DEVELOPMENT

- SITE LOCATION IS WITHIN AN IDENTIFIED FEMA SPECIAL FLOOD HAZARD ZONE (IF THE DEVELOPMENT IS LOCATED WITHIN A SPECIAL FLOOD HAZARD AREA, APPLICANT MUST COMPLETE SECTION: VI)
- SITE LOCATION IS OUTSIDE OF ANY IDENTIFIED FEMA SPECIAL FLOOD HAZARD ZONE (IF THE DEVELOPMENT IS LOCATED OUTSIDE OF ANY SPECIAL FLOOD HAZARD AREA, APPLICANT DOES NOT NEED TO COMPLETE SECTION: VI)

**IV: DESCRIPTION OF PROPOSED DEVELOPMENT**

ESTIMATED START DATE: \_\_\_\_\_

ESTIMATED COMPLETION DATE: \_\_\_\_\_

ESTIMATED TOTAL COST OF CONSTRUCTION: \$ \_\_\_\_\_

TOTAL SQUARE FOOTAGE OF CONSTRUCTION: \_\_\_\_\_ LOT SIZE: \_\_\_\_\_

TOTAL NUMBER OF FLOORS: \_\_\_\_\_

CHANGE OF USE FROM: \_\_\_\_\_ CHANGE OF USE TO: \_\_\_\_\_

**V: SITE OR PLOT PLAN**

**REQUIRED FOR ALL APPLICANTS:**

IN THE SPACE ABOVE OR ON SEPARATE ATTACHED DRAWING, SHOW THE LOCATION OF THE PROPOSED ACTIVITY ON SITE - MUST INCLUDE DIMENSIONS OF THE PROPOSED DEVELOPMENT, LOCATION OF ALL APPLICABLE SITE FEATURES (EXISTING STRUCTURES, SEPTIC SYSTEMS, WELL, ETC.) AND LOCATION OF ALL OTHER APPLICABLE SITE CONSTRAINTS AND GEOLOGICAL FEATURES (WETLANDS, FLOODPLAIN, SITE ACCESS, BUILDING SETBACKS, ETC.)

\*PLEASE NOTE IF THIS PRE-CONSTRUCTION PACKET IS BEING SUBMITTED AS PART OF A ZONING USE APPLICATION OR SWIMMING POOL APPLICATION, ONLY ONE SITE PLAN IS REQUIRED SO LONG AS ALL APPLICABLE FEATURES ARE SHOWN.

**VI: MINIMIZATION OF FLOOD DAMAGE**

PLEASE DESCRIBE ALL APPLICABLE MEANS AND METHODS THAT WILL BE USED TO MITIGATE AND MINIMIZE FLOOD DAMAGE IN ACCORDANCE WITH ALL APPLICABLE TOWNSHIP, COUNTY, STATE, AND FEDERAL REGULATIONS AND ORDINANCES. ATTACH PLANS AND ELEVATIONS IN SUFFICIENT DETAIL TO ENABLE THE PERMIT OFFICER AND OR THE MUNICIPAL ENGINEER TO DETERMINE THAT THE PROPOSED DEVELOPMENT IS IN COMPLIANCE WITH ALL SAID REGULATIONS AND ORDINANCES.

FOR PROJECTS INVOLVING RECONSTRUCTION, REHABILITATION, ADDITION, OTHER IMPROVEMENTS, OR REPAIR OF DAMAGE OF ANY CAUSE FOR ANY EXISTING STRUCTURES LOCATED IN A FEMA SPECIAL FLOOD HAZARD AREA, THE PROJECT MAY BE SUBJECT TO A SUBSTANTIAL IMPROVEMENT DETERMINATION. SHOULD THE PROJECT NOT BE CONSIDERED A SUBSTANTIAL IMPROVEMENT, NO ADDITIONAL FLOODPLAIN PLANNING/PERMITTING SHALL BE REQUIRED. PLEASE FIND ATTACHED SUBSTANTIAL IMPROVEMENT WORKSHEET.

I HEREBY CERTIFY THAT THE PROPOSED ACTIVITY HAS BEEN ADEQUATELY DESIGNED TO PROTECT AGAINST FLOOD DAMAGE AND THE PLANS FOR THE DEVELOPMENT OF THE SITE ARE IN COMPLIANCE WITH ALL RULES AND REGULATIONS OF RANSOM TOWNSHIP CONCERNING CONSTRUCTIONS WITHIN AN IDENTIFIED FEMA SPECIAL FLOOD HAZARD AREA.

SIGNATURE OF REGISTERED ENGINEER OR ARCHITECT

CONSULTANT ADDRESS

DATE

SEAL

**FOR OFFICIAL USE ONLY**

**VII: APPROVAL/DENIAL**

APPLICATION IS HEREBY:

APPROVED

DENIED

\_\_\_\_\_ DATE

\_\_\_\_\_ ZONING OFFICER

IF DENIED, BASIS OF DENIAL: \_\_\_\_\_  
\_\_\_\_\_

OTHER PERMITS REQUIRED:

HIGHWAY OCCUPANCY PERMIT

FAXED TO NEIC

\_\_\_\_\_ DATE

ZONING PERMIT

PLANNING COMMISSION APPROVAL

FAXED TO ASSESSOR'S OFFICE

\_\_\_\_\_ DATE

NPDES PERMIT

FLOODPLAIN PERMIT

OTHER

**ACCOUNTING INFORMATION:**

PAID: \$ \_\_\_\_\_ CHECK NAME: \_\_\_\_\_ CHECK NUMBER: \_\_\_\_\_

DATE APPLICATION RECEIVED AND FEE PAID: \_\_\_\_\_ RECEIVED BY: \_\_\_\_\_

\*\*\*IF NO FEE IS RECEIVED AT THE TIME OF APPLICATION SUBMITTAL, THE APPLICATION WILL BE CONSIDERED ADMINISTRATIVELY INCOMPLETE AND RETURNED DIRECTLY TO THE APPLICANT.

\*\*\*PLEASE FIND ATTACHED FEE SCHEDULE

# Worker's Compensation Insurance- Coverage Information Form

A. Name of applicant: \_\_\_\_\_

Applicant or Contractor is a contractor as defined by the PA Worker's Comp Law: \_\_\_\_\_  
Yes No

If the answer is YES please complete Sections B & D below as appropriate.  
If the answer is NO, please complete Sections C & D below as appropriate.

B. Insurance Information: Contractor name: \_\_\_\_\_

Federal or State Employer ID Number: \_\_\_\_\_

Applicant is a qualified self-insurer for Worker's Compensation \_\_\_\_\_ (please check)

Name of Worker's Compensation Insurer: \_\_\_\_\_

\_\_\_\_\_ Check if Certificate is attached. Policy Number: \_\_\_\_\_ Expiration: \_\_\_\_\_

Applicant/Contractor shall add Ransom Township as a workers' compensation policy certificate holder. This certificate shall be filed with the Township. Applicant/Contractor shall notify the Municipality of the expiration or cancellation of any such policy of insurance or policy certificate within 3 working days of such cancellation or expiration.

C. Exemption: (Complete if applicant is a contractor claiming exemption from workers compensation insurance.)  
The undersigned swears or affirms that he/she is not required to provide workers' compensation insurance under the provisions of the PA Workers' Compensation Law for one of the following reasons as indicated:

\_\_\_\_\_ The property owner is doing the work. If the property owner does hire a contractor to perform any work pursuant to the building permit, the contractor must provide proof of workers' compensation insurance to Ransom Township. The homeowner assumes liability for the contractor's compliance with this requirement.

\_\_\_\_\_ The contractor has no employees. The contractor is prohibited by law from employing any individual to perform work pursuant to this building permit unless the contractor provides proof of insurance to Ransom Township.

\_\_\_\_\_ The contractor is claiming a religious exemption under the workers' compensation law. All employees are exempt from workers' compensation insurance (Please attach copies of religious exemption letters for all employees.)

D. Signatures: \_\_\_\_\_

Applicant Signature

Applicant address line 1

Applicant Phone Number

Applicant address line 2

Subscribed, sworn to and acknowledged before me by the above on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Zoning Officer

# Substantial Improvement Worksheet for Floodplain Construction

(for reconstruction, rehabilitation, addition, or other improvements, and repair of damage from any cause)

Property Owner: \_\_\_\_\_  
Address: \_\_\_\_\_  
Permit No.: \_\_\_\_\_  
Location: \_\_\_\_\_  
Description of improvements: \_\_\_\_\_

**Present Market Value** of structure ONLY (market appraisal or adjusted assessed value, BEFORE improvement, or if damaged, before the damage occurred), not including land value:

\$

**Cost of Improvement -**

Actual cost of the construction\*\* (see items to include/exclude)

\$

\*\*Include volunteer labor and donated supplies.\*\*

Ratio =  $\frac{\text{Cost of Improvement (or Cost to Repair)}}{\text{Market Value}} \times 100$

%

If ratio is 50 percent or greater (**Substantial Improvement**), entire structure including the existing building must be elevated to the base flood elevation (BFE) and all other aspects brought into compliance.

**Important Notes:**

1. Review cost estimates to ensure that all appropriate costs are included or excluded.
2. If a residential pre-FIRM building is determined to be substantially improved, it must be elevated to or above the BFE. If a non-residential pre-FIRM building is substantially improved, it must be elevated or dry floodproofed to the BFE.
3. Proposals to repair damage from any cause must be analyzed using the formula shown above.
4. Any proposed improvements or repairs to a post-FIRM building must be evaluated to ensure that the improvements or repairs comply with floodplain management regulations and to ensure that the improvements or repairs do not alter any aspect of the building that would make it non-compliant.
5. Alterations to and repairs of designated historic structures may be granted a variance or be exempt under the substantial improvement definition) provided the work will not preclude continued designation as a "historic structure."
6. Any costs associated with directly correcting health, sanitary, and safety code violations may be excluded from the cost of improvement. The violation must have been officially cited prior to submission of the permit application.

Determination completed by: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_