



Accessory Shed and Detached Garage Permit Application

Scott Township
301 Lindsay Road
Carnegie, PA. 15106
412-276-5300 Ext 216

For Internal use only – to be completed by Code Enforcement Office

Zoning District: _____ Lot & Block: _____ Zoning Hearing: **Y / N**

All sections of this application must be completed in their entirety, or the application will be rejected. Please note that applications will be processed in the order that they are received.

PROPERTY OWNER:

Property Address _____

Property Owner _____

Owner Address _____

City, State _____ Zip Code _____

Phone No. _____ Cell Phone No. _____

Email Address _____

CONTRACTOR:

Company Name _____

Contact Name _____

Address _____

City, State _____ Zip Code _____

Phone No. _____ Cell Phone No. _____

Email Address _____

PA Certification No. _____



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IMPORTANT: All Accessory Shed and Garage Permit Applications must include two (2) copies of an accurate property survey identifying the location, size, height, and setback of the proposed structure. Accessory structures are not permitted to be located within the front yard of a property and are limited to a maximum height of 14 feet.

DESCRIPTION OF SHED OR GARAGE:

HEIGHT: _____ Feet and _____ Inches **LOCATION:** Side yard _____ Rear Yard _____

SIZE: _____ Square Feet **SETBACK:** _____ Feet and _____ Inches

Describe the type of structure: (Include material, & example elevation view)

Estimated Cost of Total Project \$ _____ **(material & labor)**

I hereby agree to be bound by the provisions of the ordinances, specifications, regulations, and restrictions as may be imposed by Scott Township regarding this application. I verify that the statements made in this application are true and correct. I understand that any false statements herein are made subject to the criminal penalties of 18 Pa. C.S. as 4904.

Property Owner's Signature

Date of Application

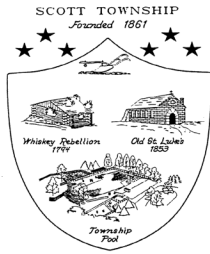
Print Property Owner's Name

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Fee \$ _____

Code Enforcement Officer's Signature

Date Approval



Scott Township Verification of Payments

Note: This section is to be completed by the Property Owner and included with the permit application package. No permits will be approved if past due payments are owed.

Date: _____ **Lot/Block:** _____

Property Address: _____

Property Owner: _____

Owner's Street Address: _____

City/State: _____ **Zip Code:** _____

Owner's Phone Number: _____

Note: This section is to be verified and completed by the Tax Office:

Real Estate Taxes Paid: **Yes:** _____ **No:** _____

Sewer Bill Paid: **Yes:** _____ **No:** _____

Other Municipal Fees, Taxes
and/or Liens: **Yes:** _____ **No:** _____

Earned Income Taxes Paid: **Yes:** _____ **No:** _____

Verified By: _____ **Date:** _____

Note: The Tax Office is to also validate the above information with the Delinquent Tax Collector and the Act 511 Tax Collector

Other Fees, Charges,
Judgements and/or Liens: **Yes:** _____ **No:** _____

Verified By: _____ **Date:** _____