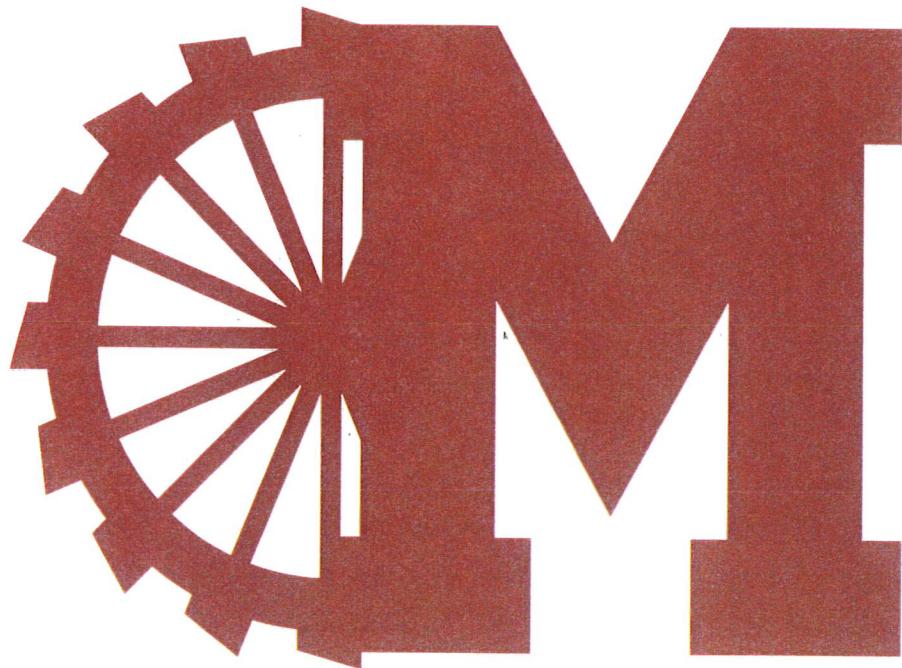


RESIDENTIAL ADDITION



Customer Assistance Guide



133 Browns Hill Road | Valencia, PA | 16059
info@middlesextownship.org
724-898-3571



Middlesex Township | 133 Browns Hill Road | Valencia, PA 16059
Office 724.898.3571 | Fax 724.898.4607
Info@MiddlesexTownship.org

When applying for a Building and/or Zoning Permit you need the following:

- Fill out the appropriate application answering all questions applicable to your job. Application must be legible and signed.
 - If a portion of the application is not applicable to your project put a N/A on the line.
- A Site Plan showing the location of the existing improvements/structures on your property and approx. distances to all property lines, well, septic system, driveway, etc. Also show the location of the proposed construction. (2 copies)
- Drawings showing details of the construction you want to do. (2 copies)
- Copy of Contractors Certificate of Insurance for Workers Compensation **OR** if doing the work yourself submit Workers Compensation Insurance Coverage Waiver *[refer to the attached document]*.

After Permit Application is submitted:

- After submitting all required documents your building permit application and drawings will be reviewed. Once the building permit application is approved by Zoning Officer plans are submitted to MDIA. MDIA has 15 business days to review submitted application. Zoning permit applications are reviewed within 10 business days by Zoning Officer .
- Middlesex Township will contact you with an approval or denial.
- If approved, your permit will be issued. The inspection & administrative fees are due when you pick up the permit. You will also obtain a copy of your original application and stamped set of plans.

After Permit is issued:

- The Building or Zoning Permit placard is to be visible on site at all times during the construction process.
- To schedule an inspection call the number provided with your permit documents. (Building ONLY)
 - If you request an inspection BEFORE 3 pm, every effort is made to schedule the inspection for the next business day.
 - Be advised additional fees may be applied, throughout the project, for failed or missed inspections.
- The copy of your application and approved plans are to remain on site when the building inspectors come for inspections. Be advised: we cannot inspect if these are not on site and you may incur additional costs due to extra trip(s) by the inspector. (Building ONLY)

5. CONTRACTOR INFORMATION

Business Name: _____ Phone No: _____

Contractor Street Address _____ City _____ State _____ Zip _____

Person in Charge of Work: _____ Phone No.: _____

Email: _____ Cell No.: _____

Workman's Compensation Insurance: Provided On Record Exempt PA Home Improvement Contr. Reg. # _____

►► THIS SECTION MUST BE FULLY COMPLETED OR THE APPLICATION MAY BE REJECTED AS INCOMPLETE ◄◄

6. CERTIFICATION

I certify that I am the owner of record, or that I have been authorized by the owner of record to submit this application and that the work described has been authorized by the owner of record. I understand and assume responsibility for the establishment of official property lines for required setbacks prior to the start of construction, and agree to conform to all applicable local, state, and federal laws governing the execution of this project. I certify that the Code official or his representative shall have the authority to enter the areas in which this work is being performed, at any reasonable hour, to enforce the provisions of the Codes governing this project. I further certify that this information is true & correct to the best of my knowledge and belief. Ref. 18 Pa. Cons. Stat. §4903.

Applicant Signature _____ Print Name (legibly): _____ Date _____

Applicant Phone (Land Line and Cell) _____ Applicant Email _____

Business Name (if applicable) _____ Email _____

Business OR Applicant Complete Mailing Address

Business Phone Number (Land Line and Cell) _____

7. PROJECT DETAILS

Trades: Building Electrical Work Plumbing Work Mechanical Work (HVAC) Fire Suppression/Fire Alarm System

Heat Source (if applicable): _____ Fuel Type: _____

Foundation Type: Crawlspace Foundation Slab at Grade Piers Other: _____

Details: _____

SUBCONTRACTOR INFORMATION

Please list subcontractors for major trades. Use additional sheet(s) if needed.

Additional sheet(s) attached

Contractor _____ Address _____ Phone No _____ Pa HIC # _____

Contractor _____ Address _____ Phone No _____ Pa HIC # _____

Contractor _____ Address _____ Phone No _____ Pa HIC # _____

Contractor _____ Address _____ Phone No _____ Pa HIC # _____

APPLICANT OR AUTHORIZED AGENT IS RESPONSIBLE FOR CONTACTING MDIA OFFICE FOR ALL REQUIRED INSPECTIONS.

►► IF NOT APPLICABLE TO YOUR PROJECT PLEASE PUT N/A ON THE LINE/ SPACE ◄◄

DIRECTIONS TO THE SITE LOCATION

Please give directions to the work site from a known landmark and/or intersection. Use a directional drawing also in the space provided below if that would assist.

Applicant: _____ Phone: _____

Site Street Address: _____

Directions: _____

Use this space if needed to further clarify the site location:

Please Note: Inspectors cannot inspect what they cannot find. Be certain the directions are clear. Use Road or Street names, distances between turn offs, and the direction of that travel (North South East or West). Landmarks are very helpful.

✓ Checklist for the Site Plan to be provided with the Permit Application

1. Site plans are essential and must be clearly legible and reproducible regardless of the reason for requesting the permit.
2. Use an 8 1/2" X 11" sheet of paper at minimum.
3. After locating all the structures on your property show distances in feet to the lot lines and between the structures.

Provide dimensions of the property getting the proposed improvement

- o Drawing of approx. property layout (Can use hand drawing, photocopy of survey, etc.)
- o Acreage (Refer to deed or survey drawing)
- o Approx. boundary dimensions (Can be from the deed, field measurement, or a survey drawing)
- o Parcel Number (Not mandatory – obtained from deed or property tax notice)

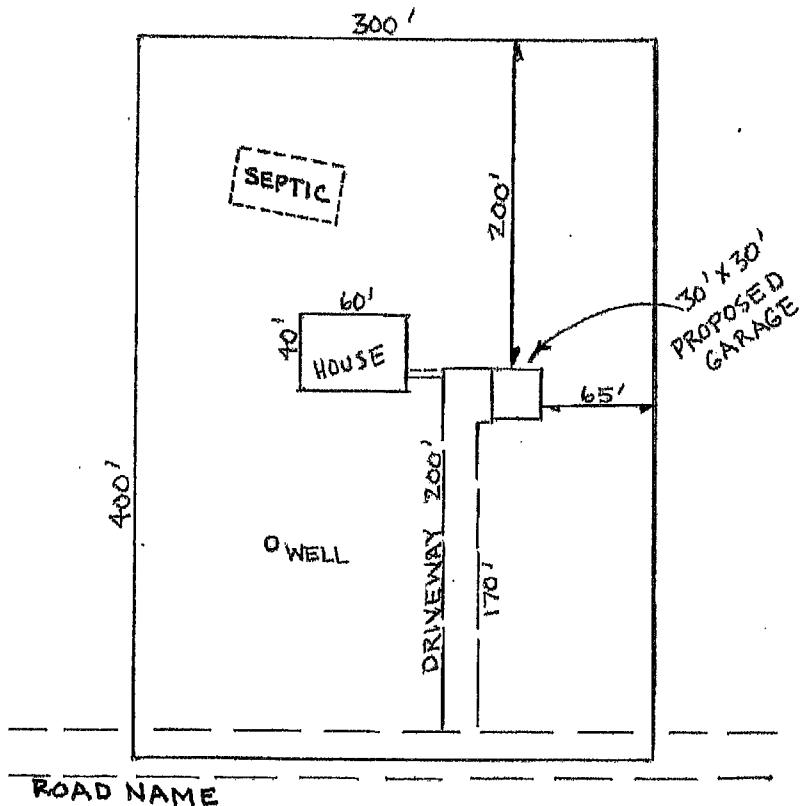
Existing Buildings / Structures with Corresponding Dimensions

o Houses	o Deck / Patios
o Sheds	o Other buildings or structures on the property
o Barns	o Location of on lot well and septic IF applicable
o Swimming Pools	

Proposed Improvement(s)

- o Proposed Structure Dimensions (House, Shed, Barn, Addition, Deck, etc.)
- o Location of Proposed Driveway and Sidewalk

SAMPLE SITE PLAN ▶



BUTLER COUNTY BUILDING PERMIT APPLICATION

I.D. NO. _____ DISTRICT _____ MAP AND PARCEL NO. _____

IMPORTANT! COMPLETE ALL ITEMS. MARK BOXES WHERE APPLICABLE

IDENTIFICATION				
OWNER'S NAME PER DEED OR TITLE	NAME	MAILING ADDRESS	PROPERTY ADDRESS	PHONE NO.
PREVIOUS OWNERS				
CONTRACTOR				

II. TYPE AND COSTS OF IMPROVEMENTS

A. TYPE OF IMPROVEMENT

- 1. NEW BUILDING
- 2. ADDITION
- 3. ALTERATIONS
- 4. REPAIR - REPLACEMENT
- 5. WRECKING
- 6. RELOCATION
- 7. FOUNDATION

B. PROPOSED USE

- 1. SINGLE FAMILY
- 2. DUPLEX
- 3. MULTI FAMILY
- 4. GARAGE
- 5. CARPORT
- 6. PORCH/INGROUND POOL
- 7. MOBILE/MODULAR HOME
(SEE E)
- 8. CHURCH
- 9. INDUSTRIAL
- 10. COMMERCIAL
- 11. INSTITUTIONAL
- 12. PUBLIC UTILITY
- 13. SCHOOL
- 14. OTHER SPECIFY _____

C. CONST. OR DEMO COST

- 1. COST OF CONST.
 - A. ELECTRICAL _____
 - B. PLUMBING _____
 - C. HEATING/AC _____
 - D. OTHER _____
- TOTAL _____

D. OWNERSHIP 1. PRIVATE 2. PUBLIC

E. MOBILE/MODULAR HOME SERIAL NO. _____

III. SELECTED CHARACTERISTICS OF BUILDING

A. PRINCIPAL TYPE OF FRAMING

- 1. BRICK - STONE - BLOCK
- 2. WOOD FRAME
- 3. STRUCTURAL STEEL
- 4. REINFORCED CONCRETE
- 5. OTHER - SPECIFY _____

B. TYPE OF SEWAGE DISPOSAL

- 1. PUBLIC
- 2. PRIVATE PERMIT NO. _____

D. TYPE OF WATER SUPPLY

- 1. PUBLIC
- 2. PRIVATE

C. DIMENSIONS

- 1. NO OF STORIES _____ 3. BSMT SQ. FT. _____
- 2. TOTAL ACREAGE _____ 4. TOTAL SQ. FT. _____

E. NUMBER OF PARKING SPACES

- 1. OFF STREET _____
- 2. ENCLOSED _____ OUTDOORS _____

IV. RESIDENTIAL BUILDINGS ONLY

- A. NO. OF BEDROOMS _____
- B. NO. OF BATHS
 - 1. FULL _____
 - 2. HALF _____

VII. TYPE OF MECHANICAL

- YES NO
- A. A/C _____
- B. ELEV _____

IX. DIRECTIONS TO SITE FROM NEAREST INTERSECTION

V. LOCATION

- A. BUILDING SET BACK _____
- 1. FROM STREET _____
- 2. FROM SIDE LS _____ RS _____
- 3. FROM REAR _____

VIII. TYPE OF HEATING FUEL

- A. GAS D. COAL
- B. OIL E. OTHER
- C. ELEC _____

VI. CHECK OTHER STRUCTURES ON PROPERTY

- A. NONE E. BARN
- B. HOUSE F. SHED
- C. MOBILE/MODULAR HOME G. INGROUND POOL
- D. GARAGE H. OTHER SPECIFY _____

X. HIGHWAY AND ENERGY ACTS

A. HAVE YOU OBTAINED A PERMIT AS REQUIRED BY SECTION 420 OF THE STATE HIGHWAY LAW (P.L. 1242 NO. 428)? YES NO

B. HAVE YOU COMPLIED WITH ACT 222 OF THE BUILDING ENERGY CONSERVATION ACT? YES NO

XI. THE OWNER OF THIS BUILDING AND/OR UNDERSIGNED AGREE TO CONFORM TO ALL APPLICABLE

LAWS OF _____ MUNICIPALITY. _____

SIGNATURE OF APPLICANT

ADDRESS

DATE OF APPLICATION

SIGNATURE OF MUNICIPAL OFFICER

FEES

APPROVED REFUSED

XII. FOR MUNICIPAL USE ONLY

COMMENTS, RESTRICTIONS, DATE PERMIT EXPIRES (ACCORDING TO LOCAL CODES)

**CUSTOMER ASSISTANCE GUIDE
BUILDING PERMIT APPLICATION SUBMITTAL REQUIREMENTS**

RESIDENTIAL ADDITIONS

(Bedroom - Family Room - Kitchen - Attached Garage - Etc)

- Please read all of the following information.
- The following is a check list. You must have a "checkmark" in all the sections listed below prior to submitting your application:

____ "Affidavit of Exemption" (See attached form) If you are hiring a contractor to construct your addition, and they have workers' compensation, have the contractor or their insurance carrier provide us with a "Certificate of Insurance" showing proof of such. If the homeowner or a contractor without workers' compensation is constructing the addition, the attached form must be completed and notarized.

____ A site plan showing the proposed addition, the outside dimensions of the structure, the distances in feet, to the front, sides, and rear property lines.

____ Three (3) sets of complete construction documents that show in detail code compliance for all of the work proposed to include but not limited to the following information:

- ____ Floor plan showing size of all rooms.
- ____ Footing detail including depth below frost line, thickness, width, and rebar.
- ____ Type of foundation, showing type of masonry, waterproofing and anchorage of addition to foundation.
- ____ Roof rafter size - species and grade of wood.
- ____ Rafter spacing (16" on center, 24" on center, etc).
- ____ Thickness and type of roof sheathing.
- ____ Ceiling joist size and spacing.
- ____ Floor joist size and spacing.
- ____ Wall sections showing top and bottom plates and headers.
- ____ Location and size of all beams.
- ____ Sizes of all doors.
- ____ Window type - including sizes and the net clear opening dimensions of all sleeping room windows (emergency egress).
- ____ Smoke alarms and carbon monoxide alarms - number and placement.
- ____ Insulation - U - Values for windows, R - Values for exterior walls, attic and foundation.
- ____ Heating if applicable.
- ____ Plumbing (if any).
- ____ Electrical.
- ____ Stairs (riser height maximum 8 1/4" tread depth minimum 9")
- ____ Stairs - handrail (height from nose of thread min 34" max 38")
- ____ Guardrail (34" minimum measured vertically from nose of thread)
- ____ Width of stairs (36" minimum)
- ____ Location and size of basement emergency escape opening if addition has basement area.
- ____ Wall bracing detail (material, length and fastening).

____ Completed building permit application.

MDIA will review plans submitted to determine code compliance. If the minimum submittal requirements are not met, we will ask the applicant to supply additional information. If the minimum requirements are met, the plans will be marked "approved". A building permit will be issued and the applicant will be notified of the inspection fees and when they can pick-up the permit at the Municipal Building. All fees shall be paid prior to the issuance of the permit. Then use the inspection procedures provided to have all of the required inspections performed.

INSPECTION PROCEDURES RESIDENTIAL ADDITIONS

- Building permit must be posted on the site of the work and clearly visible from the road until completion of the project.
- Your approved plans must be available at all times for inspections. These are the plans that were submitted with your application and were marked "Approved" by the building code official.
- The permit applicant or authorized agent is responsible for scheduling all inspections.
- **DO NOT schedule an inspection if the work is not ready!!!!**
- When scheduling an inspection, you must supply your permit number to the inspector.

PLEASE GIVE THREE (3) WORKING DAYS ADVANCE NOTICE
FOOTING INSPECTION WILL BE GIVEN PRIORITY
MIDDLE DEPARTMENT INSPECTION AGENCY, INC.

BEFORE DIGGING CALL 811 – SEE ATTACHED BROCHURE

Safe digging is no accident!

Know what's below.

Dial 8-1-1 before you dig.



TEMPORARY MARKING GUIDELINES	
WHITE	Proposed Excavation
PINK	Temporary Survey Markings
RED	Electric Power Lines, Cables, Conduit and Lighting Cables
YELLOW	Gas, Oil, Steam, Petroleum or Compressed Gas, Hazardous Materials
ORANGE	Construction, Alterations and Demolition
BLUE	Potable Water
PURPLE	Reclaimed Water, Irrigation and Utility Drains
GREEN	Sewers and Drain Lines

The following information is needed when you call PA One Call System.

YOUR TELEPHONE NUMBER

YOUR MAILING ADDRESS

COUNTY - The name of the county where the work will take place

MUNICIPALITY - City, Township or Borough where the work will take place

THE ADDRESS WHERE THE WORK WILL TAKE PLACE

THE NEAREST INTERSECTING STREET TO THE WORK SITE

THE NAME OF A SECOND INTERSECTION NEAR THE WORK SITE

IS THE PROPOSED EXCAVATION AREA (WORK SITE) MARKED IN WHAT COLOR? (check one)

OTHER INFORMATION THAT WOULD HELP THE LOCATOR FIND THE SITE - Clarifying information to specify the exact location of the dig

THE TYPE OF WORK BEING DONE

WHETHER THE WORK WILL TAKE PLACE IN: Street, Sidewalk, Public or Private Property

THE APPROXIMATE DEPTH YOU ARE DIGGING

THE APPROXIMATE LOCATION - The approximate size of the opening, the length and width or diameter

THE METHOD OF EXCAVATION - How will the earth be moved

WHO IS THE WORK BEING DONE FOR

PERSON TO CONTACT IF THE UTILITIES HAVE QUESTIONS

THE CONTACT PERSON'S PHONE NUMBER - This phone number will be used for daytime contact

THE BEST TIME TO CALL

FAX NUMBER AND/OR EMAIL ADDRESS - The responses from the facility owners will be sent to you

SCHEDULED EXCAVATION DATE AND START TIME - not less than 3 business days or more than 10 business days.

DURATION OF A JOB - How long will the job take

ANY ADDITIONAL REMARKS YOU MAY HAVE

You will be given a 10 digit serial number as confirmation of your call and our system will send you the responses from the utilities on the morning of your scheduled excavation date via fax or email.

What do we do?

We are the "Call before you dig" company for all of Pennsylvania. If you plan to disturb the earth with powered equipment, you are required by Pennsylvania law to notify the underground utility companies of your intent to do so. Notification occurs by calling 8-1-1 or 1-800-242-1776, 24 hours of the day, every day of the year. Notification can also be done on our website at www.paonecall.org.

We will then notify the utility companies nearby of your intent to dig. The utility companies are responsible to mark where their underground lines are located with colored flags, paint or chalk.

PA One Call is a service of the Pennsylvania Department of Transportation. PA One Call is a toll-free service that connects you to the underground utility companies in your area. PA One Call is a service of the Pennsylvania Department of Transportation. PA One Call is a toll-free service that connects you to the underground utility companies in your area.

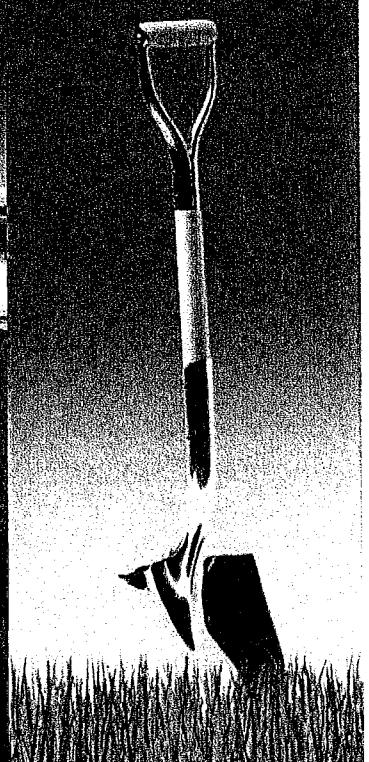
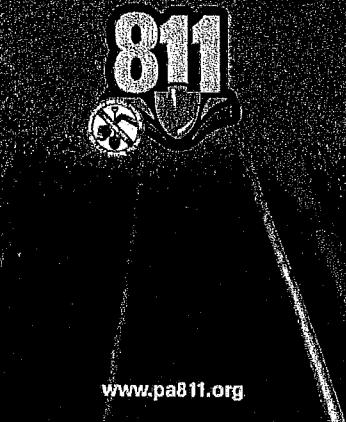
Why should you call?

Safe digging is no accident! If you are installing a fence or deck or digging for a mailbox post, patio or other excavation project, it is important to know what's below. Dial 8-1-1 or 1-800-242-1776 before you dig. The utility companies do not want an accident, either. The best way to learn where underground utility lines are located is to call before you dig.

For more information, visit www.pa811.org



Know what's below.
Dial 8-1-1 before you dig.



www.pa811.org

Homeowner Quick Tips

- One easy phone call to 8-1-1 three to ten business days before digging begins helps keep your neighborhood safe.
- Call on Monday or Tuesday if you plan to dig on Saturday or Sunday.
- The utility companies will mark where their underground lines are located with colored paint, flags or chalk.
- Do not remove the flags if you see them in your yard.
- Our service is no cost to homeowners.
- Did you hire someone to install your fence, deck or new patio? Ask to see the PA One Call contact number before allowing them to dig on your property.

The Excavator's Responsibility

- Dial 8-1-1 or 1-800-242-1776.
- Do not allow anyone to excavate on your property without calling.
- Always look for the markings on the ground before your dig date.
- If you do not see markings, do not allow anyone to dig. Wait for the lines to be marked by the utility.
- Whoever places the call will receive an email or fax with a list of facility owners who have marked or have not marked. Pay attention to this message.
- Respect the markings by not removing flags or disturbing the actual markings.

Exercised care around the marked lines by hand digging. In the event of an emergency, the utility companies are responsible for the safety of people and property.

Responsible digging includes digging with care, respect for property, digging with care, respect for property.

THIS FORM REQUIRES A NOTARY SEAL

AFFIDAVIT OF EXEMPTION

The undersigned affirm that he/she is not required to provide workers compensation insurance under the provisions of Pennsylvania's Workers' Compensation Law for one of the following reasons, as indicated:

- Property owner performing own work. If property owner does hire contractor to perform any work pursuant to building permit, contractor must provide proof of workers' compensation insurance to the municipality. Homeowner assumes liability for contractor compliance with this requirement.
- Contractor has no employees. Contractor prohibited by law from employing any individual to perform work pursuant to this building permit unless contractor provides proof of insurance to the municipality.
- Religious exemption under the Workers' Compensation Law. All employees of contractor are exempt from workers' compensation insurance (attach copies of religious exemption letter for all employees).

Signature of Applicant

County of _____

Municipality of _____

Subscribed, sworn to and acknowledged
before me by the above _____
this _____ Day of _____
20 _____.

SEAL

Notary Public

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERs NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER		CONTACT NAME: _____ PHONE: _____ (A/C, No, Ext): _____ E-MAIL: _____ ADDRESS: _____	
Broker or Agent name and address		FAX (A/C, No): _____	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A : ACE American Insurance Company 22667	
INSURED		INSURER B : Indemnity Insurance Company of North America 43575	
Moving Company		INSURER C : ACE Fire Underwriters Ins. Co. 20702	
Name and Address		INSURER D :	
		INSURER E :	
		INSURER F :	

COVERAGES

CERTIFICATE NUMBER:

SAMPLE

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.										
INSR LTR	TYPE OF INSURANCE		ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			X X			01/01/2020	01/01/2021	EACH OCCURRENCE	\$ 2,000,000
									DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 2,000,000
									MED EXP (Any one person)	\$ 25,000
									PERSONAL & ADV INJURY	\$ 2,000,000
									GENERAL AGGREGATE	\$ 2,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			X X			01/01/2020	01/01/2021	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
									BODILY INJURY (Per person)	\$
									BODILY INJURY (Per accident)	\$
									PROPERTY DAMAGE (Per accident)	\$
										\$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE			X X					EACH OCCURRENCE	\$ 3,000,000
									AGGREGATE	\$
										\$
										\$
										\$
B	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> Y/N <input checked="" type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> N <input type="checkbox"/> N/A <input checked="" type="checkbox"/> X <input checked="" type="checkbox"/> (Mandatory in NH) <small>If yes, describe under DESCRIPTION OF OPERATIONS below</small>						01/01/2020	01/01/2021	X PER STATUTE	OTH-ER
									EL EACH ACCIDENT	\$ 1,000,000
									EL DISEASE - EA EMPLOYEE	\$ 1,000,000
									EL DISEASE - POLICY LIMIT	\$ 1,000,000
A	Commercial Crime						01/01/2020	01/01/2021	Each Occurrence	\$ 1,000,000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) MakeSpace Inc., Iron Mountain Inc., and its parents, affiliates, subsidiaries, and its respective officers, officials, agents, employees, successors and assigns are included as additional insureds on the General Liability, Auto Liability and Umbrella Liability policies. A waiver of subrogation in favor of the additional insureds applies to all policies										

CANCELLATION

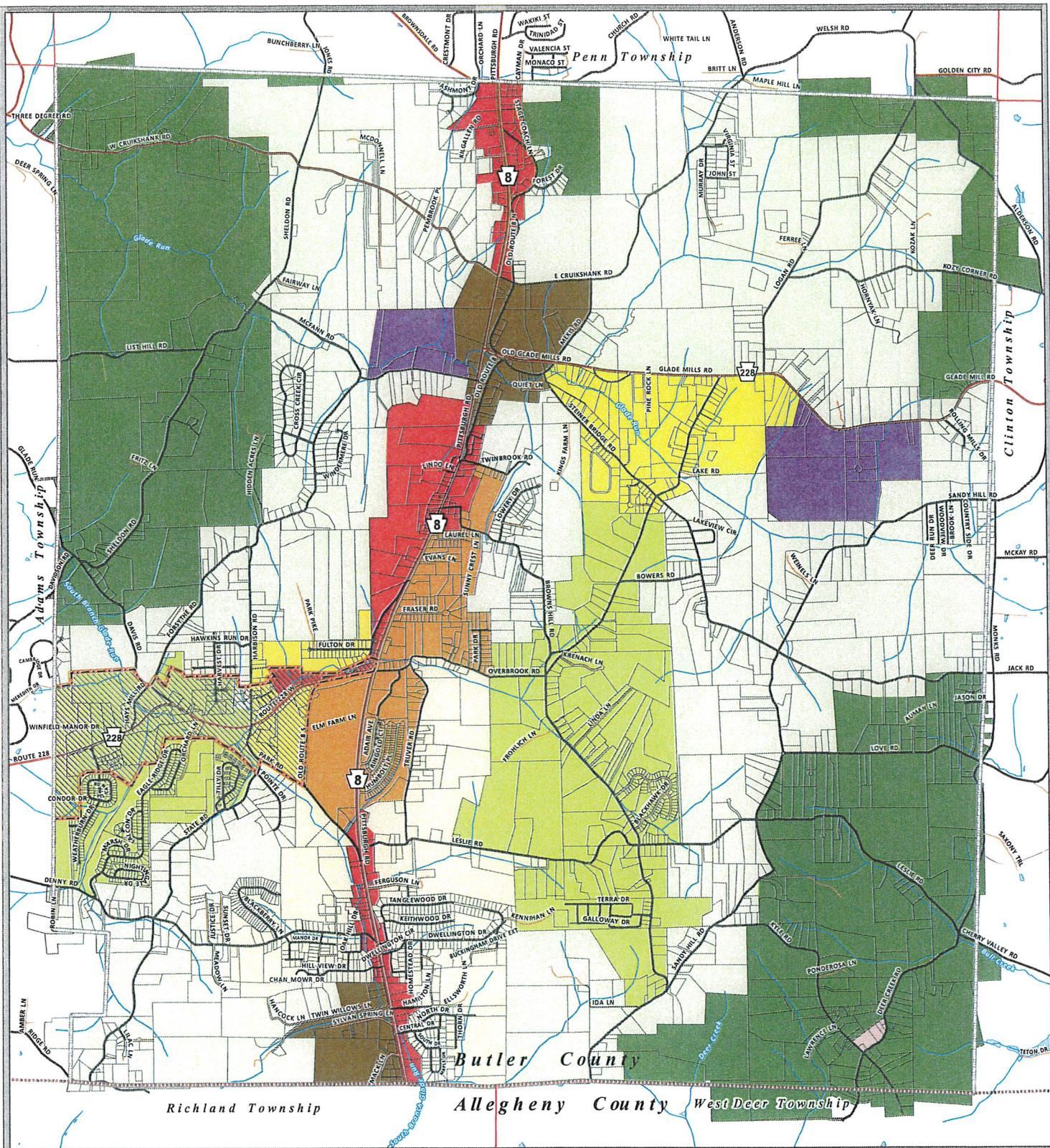
CERTIFICATE HOLDER

Iron Mountain Inc. MakeSpace Inc. One Federal Street Boston, MA 02110	<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE of Marsh USA Inc.</p> <p>SAMPLE</p> <p style="text-align: right;"></p>
--	--

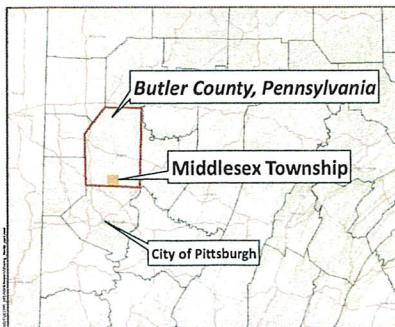
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ACORD 25 (2016/03)

The ACORD name and logo are registered marks of ACORD



Key Map



Legend

- County Boundary
- Municipal Boundary
- State Road
- Township Road
- Private Lane
- Parcel boundary
- Existing Zoning

Rural Residential (AG-A)

Agricultural (AG-B)

Residential Agriculture (R-AG)

Low Intensity Residential (R-1)

Moderate Intensity Residential (R-2)

Town Center (TC)

Neighborhood-Scale Commercial (C-1)

Community-Scale Commercial (C-2)

Regional-Scale Commercial (C-3)

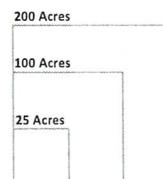
Restricted Industrial (I-1)

Rt 228 Corridor Commercial and Mixed Use Overlay District

Zoning Map

Middlesex Township

133 Browns Hill Road
Valencia, PA 16059



133 West Main Street, Suite 100
Cranberry Township, PA 16066
(724) 779-4777
(724) 779-4771
www.hrginc.com



NORTH

May 2022

0 400 800 1,600 2,400 3,200
Feet

Amended on November 21, 2012
by ordinance No. 115.

Prepared by Environmental Planning and Design, LLC
Modified by Herbert, Rowland & Grubis, Inc.