

MANCHESTER TOWNSHIP

Application for Commercial/Industrial Building Permit and Plans Examination

Applicant must fill out pages 1,2,3 & 4 in ink for application to be considered complete along with **FOUR (4)** sets of any required construction drawings

CODE ADMINISTRATORS, INC. 1525 Oregon Pike, Suite 901 Lancaster, PA 17601 Ph: (717) 755-9120 Fax: (717) 755-9135	MANCHESTER TOWNSHIP 3200 Farmtrail Road York, PA 17406 Ph: (717)764-4646 Fax: (717)767-1400
---	--

PERMIT NUMBER:: _____ **ADDRESS:** _____

LOCATION OF PROJECT	Address _____ Intended Use _____ Tax Map _____ Parcel # _____ Subdivision _____
OWNER OF RECORD	Name of Owner _____ Address of Owner _____ City _____ Phone # of Owner _____ State _____ Zip Code _____
PROJECT INFO	<input type="checkbox"/> New Building <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Repair <input type="checkbox"/> Demolition <input type="checkbox"/> Sign <input type="checkbox"/> Fire Prevention <input type="checkbox"/> Change of Use <input type="checkbox"/> Plumbing <input type="checkbox"/> Mechanical <input type="checkbox"/> Electrical <input type="checkbox"/> Other Brief Description of Project _____ _____ Cost of Construction _____ Sq. Footage _____

The applicant certifies that all information on this application is correct and the work will be completed in accordance with the "approved" construction documents and PA Act 45 (Uniform Construction Code) and any additional approved building code requirements adopted by the Municipality. The property owner and applicant assumes the responsibility of locating all property lines, setback lines, easements, rights-of-way, flood areas, etc. Issuance of a permit and approval of construction documents shall not be construed as authority to violate, cancel or set aside any provisions of the codes or ordinances of the Municipality or any other governing body. The applicant certifies he/she understands all the applicable codes, ordinances and regulations. Application for a permit shall be made by the owner or lessee of the building or structure, or agent of either, or by the registered design professional employed in connection with the proposed work.

I certify that the code administrator or the code administrator's 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.

SIGNATURE REQUIRED	Applicant Printed Name _____
	Applicant's Address _____ Phone # _____
	Applicant Signature _____ Date _____

FOR OFFICIAL USE BELOW THIS LINE

Permit #	Twp Permit Fee:	X	\$	=	(362.411)
Use Group	Review Fee:	X	\$	=	(362.412)
Permit Type	Inspections:	X	\$	=	(362.412)
UCC Applicable	Yes	No	If YES add \$4.50 Act 13 Training Fee		= (235.10)
Y or N	Construction Plans Submitted		Total Permit Fee		
Issuance Date		Minus fee submitted at submission		=	
		Fee Due at ISSUANCE			

BUILDING CODE OFFICIAL

MANCHESTER TOWNSHIP
Commercial Building Permit Application Page 2
(Applicant use)

Permit # _____

Contractor Information

General
Contractor

General Contractor _____		
Address _____		
Phone _____	Fax _____	Mobile _____

Demolition
Contractor

Framing Contractor _____	Contact # _____
Scope of Work _____	

Asbestos Notification submitted by _____	Date _____

Framing
Contractor

Framing Contractor _____	Contact # _____
Scope of Work _____	

Electrical
Contractor

Electrical Contractor _____	Contact # _____
Scope of Work _____	

Plumbing
Contractor

Plumbing Contractor _____	Contact # _____
Scope of Work _____	

_____ Twp Registration # _____	

Heating
Contractor

Heating Contractor _____	Contact # _____
Scope of Work _____	

MANCHESTER TOWNSHIP
Commercial Building Permit Application Page 3
(Applicant use)

Permit # _____

Foundation
Contractor

Foundation Contractor _____	Contact # _____
Scope of Work/Type of Work _____	

Fire Prevention
Contractor

Fire Prevention Contractor _____	Contact # _____
Scope of Work/ _____	

Provide copies of all other applicable permits, certifications or licensing requirements, which may apply under the following:

1. Elevator or Lifting Device Regulations
2. Boiler and Unfired Pressure Vessel Law
3. Propane and Liquefied Petroleum Gas Act
4. Health Care Facilities Act
5. Older Adult Daily Living Centers Licensing Act

Design
Professional's
Information

Name : _____	
Address: _____	

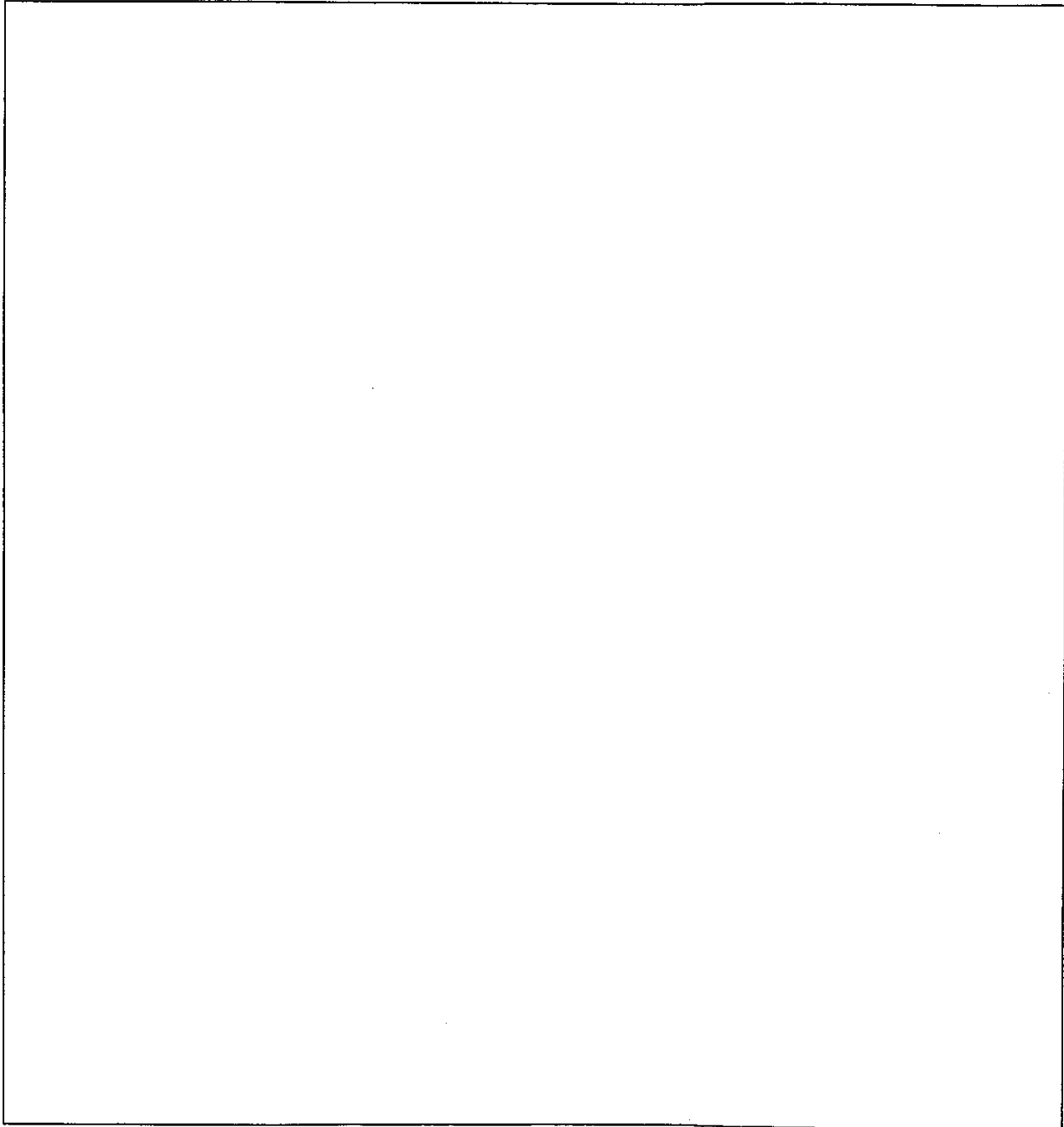
Telephone : _____	FAX: _____
Certification or Registration : _____	

MANCHESTER TOWNSHIP
Commercial Building Permit Application Page 4
(Applicant use)

Permit # _____

Site or Plot Plan (show all property lines, structures and driveway accesses **or supply approved land development plan**)

Plan scale _____

A large, empty rectangular box with a thin black border, intended for the applicant to draw a site or plot plan. The box is currently blank.

MANCHESTER TOWNSHIP
Commercial Building Permit Application Page 5
(Township use only)

Permit # _____

Zoning Review

**Lot
Detail**

Tax Map _____	Parcel # _____	Zoning District _____
Subdivision _____		Use _____
Front Yard _____	Side Yard _____	Rear Yard _____ Access Drive _____
ZHB Action/Decision _____		Date _____
Floodplain Located Within Site _____ Yes _____ No _____ Study Done		
Historic Structure _Yes _No / Airport Hazard _Yes _No / Soil Erosion Plan __Yes __ No		

**Notes/
Conditions**

NOTE ANY EASEMENTS _____
ARREARS/LEINS/JUDGEMENTS (per Act 90) ____ Yes ____ No _____
PROJECT DESCRIPTION: _____

SITE PLAN APPROVAL# _____ Date _____
STIPULATIONS _____

Contractors Insurance Info : Policy # _____ Company: _____ Expiration Date _____

Hwy. Occupancy Permit # _____ Issued _____ Twp. _____ PA DOT _____

Public Sewer Permit # _____ Issued _____

On-site Sewage Permit # _____ Issued _____

Zoning Officer Signature _____ Approval Date _____