

Application for Building/Zoning Permit and Plans Examination
Electronic submissions are preferred and can be made to zoning@mantwp.com

PERMIT #:

CODE ADMINISTRATORS, INC. 1826 Charter Lane, Suite 101 Lancaster, PA 17601 Ph: (717) 859-3350 - Fx: (717) 755-9135	MANCHESTER TOWNSHIP 3200 Farmtrail Road York, PA 17406 Ph: (717)764-4646 - Fx: (717)767-1400
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LOCATION OF PROJECT

Address _____
Proposed Use _____

OWNER OF RECORD

Name of Owner _____
Address of Owner _____ City _____
Phone # of Owner _____ State _____ Zip Code _____
E-Mail: _____

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"/> Change of Occupant only
<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"/> Sign <input type="checkbox"/> Other(specify)
Brief Description of Project _____

Cost of Construction _____ Sq. Footage _____

SITE PLAN

<p>All applicants must submit a site plan/drawing which includes:</p> <ul style="list-style-type: none">• Location of existing and proposed structures.• Distance of proposed structure from all property lines (setbacks).• Location of existing and proposed stormwater facilities.• Proposed stormwater facilities must show the type of facility and how the water will get to the facility.• Proposed type and location of erosion and sediment control (i.e. silt sock, silt fence, straw bale, etc.)

Recd.:

Sent to CA:

Recd. from CA:

Applicant Notified:

GENERAL
CONTRACTOR

General Contractor _____
Address _____
Phone _____ Fax _____ Mobile _____
E-Mail: _____

FRAMING
CONTRACTOR

Framing Contractor _____ Contact # _____
Scope of Work _____

E-Mail: _____

ELECTRICAL
CONTRACTOR

Electrical Contractor _____ Contact # _____
Scope of Work _____

E-Mail: _____

PLUMBING
CONTRACTOR

Plumbing Contractor _____ Contact # _____
Scope of Work _____

_____ Twp Registration # _____
E-Mail: _____

HEATING
CONTRACTOR

Heating Contractor _____ Contact # _____
Scope of Work _____

E-Mail: _____

FOUNDATION
CONTRACTOR

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

E-Mail: _____

FIRE PREVENTION
CONTRACTOR

Fire Prevention Contractor _____ Contact # _____
Scope of Work/ _____ _____
E-Mail: _____

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

Name: _____
Address: _____ _____ _____
Telephone: _____ FAX: _____
E-Mail: _____
Certification or Registration: _____

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 assume 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 &
DATE
REQUIRED

Applicant's Printed Name _____
Applicant's Address _____ Phone # _____
Applicant Signature _____ Date _____
E-Mail: _____

LOT COVERAGE WORKSHEET (if applicable)

Directions: Complete this worksheet after taking accurate measurements of all existing impervious surfaces. All dimensions should be consistent with the attached site plan. If this worksheet is not completed or if information is left off, the Zoning Officer may deny the application or complete the worksheet using aerial photographs, previous building permits and any available site information (which may be inaccurate).

ADDRESS: _____ **PIDN:** _____ **ZONING:** _____

1. **Lot Size (1 acre = 43,560 s.f.)** Lot size can be found on deed or tax assessment paperwork. Multiply the number of acres by 43,560 to obtain the total square feet (s.f.) of the lot.

_____ ac. _____ s.f.

EXISTING (Indicate dimensions of existing structures/surfaces then multiply the dimensions to obtain s.f.)

Dimensions

Square Feet

2. House	_____ ft	x	_____ ft	
3. Attached Garage	_____ ft	x	_____ ft	_____
4. Attached Deck	_____ ft	x	_____ ft	_____
5. Driveway (including stone)	_____ ft	x	_____ ft	_____
6. Sidewalk/Patio	_____ ft	x	_____ ft	_____
7. Detached Garage(s)	_____ ft	x	_____ ft	_____
8. Decking (not attached to house)	_____ ft	x	_____ ft	_____
9. Shed(s) or other accessory buildings	_____ ft	x	_____ ft	_____
10. Pool (including surrounding concrete deck)	_____ ft	x	_____ ft	_____
11. Barn(s)	_____ ft	x	_____ ft	_____
12. Other _____	_____ ft	x	_____ ft	_____

13. **Total Existing Lot Coverage** (add lines 2-12)

_____ s.f.

14. **Total % of Existing Lot Coverage** (line 13 divided by line 1, then multiply by 100)

_____ %

PROPOSED (Identify structure, i.e. addition, deck, garage, etc.)

Dimensions

Square Feet

15. _____	_____ ft	x	_____ ft	
16. _____	_____ ft	x	_____ ft	_____

17. **Total Proposed Lot Coverage** (add lines 15 & 16)

_____ s.f.

18. **Total Coverage in s.f. – existing & proposed** (add lines 13 & 17)

_____ s.f.

19. **Total % Lot Coverage** (line 18 divided by line 1, then multiply by 100)

_____ %

20. **Total % Lot Coverage permitted**

_____ %

21. **Total Coverage in s.f.– permitted** (multiple line 20 by line 1)

_____ s.f.

For Township Use Only

Review Notes

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		
NOTE ANY EASEMENTS _____		
ARREARS/LEINS/JUDGEMENTS (per Act 90) ____ Yes ____ No _____		
STIPULATIONS _____		
Contractors Insurance Info: Policy # _____ Company: _____ Expiration Date _____		

Public Sewer Permit # _____ On-site Sewage Permit # _____ Issued _____

Storm Water Management Permit # _____ Issued _____

		Twp Application Fee	\$50.00		(362.411)
Permit #	Twp Zoning Fee:		X \$	=	(362.411)
Use Group	CA Review Fee:		X \$	=	(362.412)
Permit Type	CA 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		<input style="width:100px;" type="text"/>
Issuance Date		Minus fee submitted at submission		=	
		Fee Due at ISSUANCE			<input style="width:100px;" type="text"/>

Zoning Officer Signature _____ Approval Date _____