

Application for Building/Zoning Permit and Plans Examination

Electronic submissions are preferred and can be made to zoning@mantwp.com

PERMIT #: _____
 Recd.: _____
 Sent to CA: _____
 Recd. from CA: _____

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

Address _____

 Proposed Use _____

SITE PLAN

All applicants must submit a **site plan/drawing** which includes:

- Location of existing and proposed structures.
- Distance of proposed structure from all property lines (setbacks).
- Location of existing and proposed stormwater facilities.

PROJECT INFO

New Building
 Addition
 Alteration
 Repair
 Demolition
 Change of Occupant only
 Fire Prevention
 Change of Use
 Plumbing
 Mechanical
 Electrical
 Sign
 Other(specify) _____
 Brief Description of Project _____

 Cost of Project _____ Sq. Footage _____ Height _____

OWNER OF RECORD

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

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.

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

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 Liquified Petroleum Gas Act
4. Health Care Facilities Act
5. Older Adult Daily Living Centers Licensing Act

DESIGN
PROFESSIONAL

Name: _____

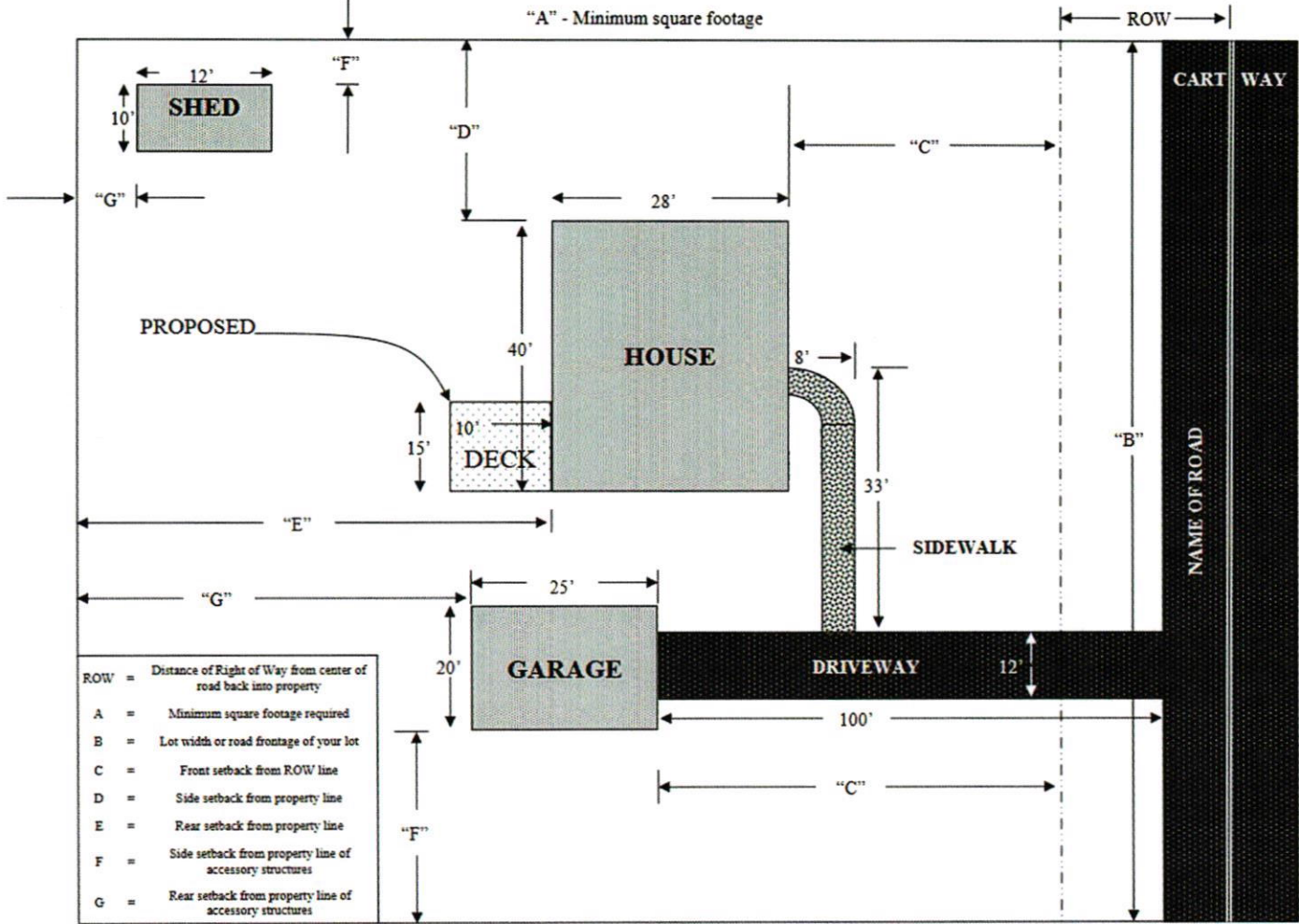
Address: _____

Telephone: _____ EMail: _____

Certification or Registration: _____

	Twp Application Fee	\$50.00	50.00	(362.411)
	Twp Zoning Fee:	X \$ =		(362.411)
	CA Review & Inspections Fee:	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 type="text"/>	
	Fee due at ISSUANCE	\$	<input type="text"/>	

****SAMPLE PLOT PLAN—THIS IS NOT YOUR PROPERTY****



Corner lots have 2 front setbacks

Plot plans must be complete and include all dimensions

LOT COVERAGE WORKSHEET

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. Multiple 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.