

MANCHESTER TOWNSHIP

Application for Commercial Building Permit and Plans Examination

Applicant must fill out pages 1,2,3 & 4 for application to be considered complete along with **FIVE (5)** sets of any required construction drawings

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 _____

Intended Use _____

Tax Map _____ Parcel # _____ Subdivision – Land Dev Plan _____

OWNER OF RECORD

Name of Owner _____

Address of Owner _____ City _____

Phone # of Owner _____ State _____ Zip Code _____

E-Mail: _____

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 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 Ac (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 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 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 regist 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: _____

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

PERMIT NUMBER: _____

ADDRESS: _____

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

Permit # _____

Contractor Information

General
Contractor

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

Demolition
Contractor

Demolition Contractor _____ Contact # _____
Scope of Work _____

Asbestos Notification submitted by _____ Date _____
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: _____

MANCHESTER TOWNSHIP

Commercial Building Permit Application Page 3

(applicant use)

Permit # _____

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's
Information

Name : _____
Address: _____

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

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

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.)

	<u>Dimensions</u>	<u>Square Feet</u>
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.)

	<u>Dimensions</u>	<u>Square Feet</u>
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.**

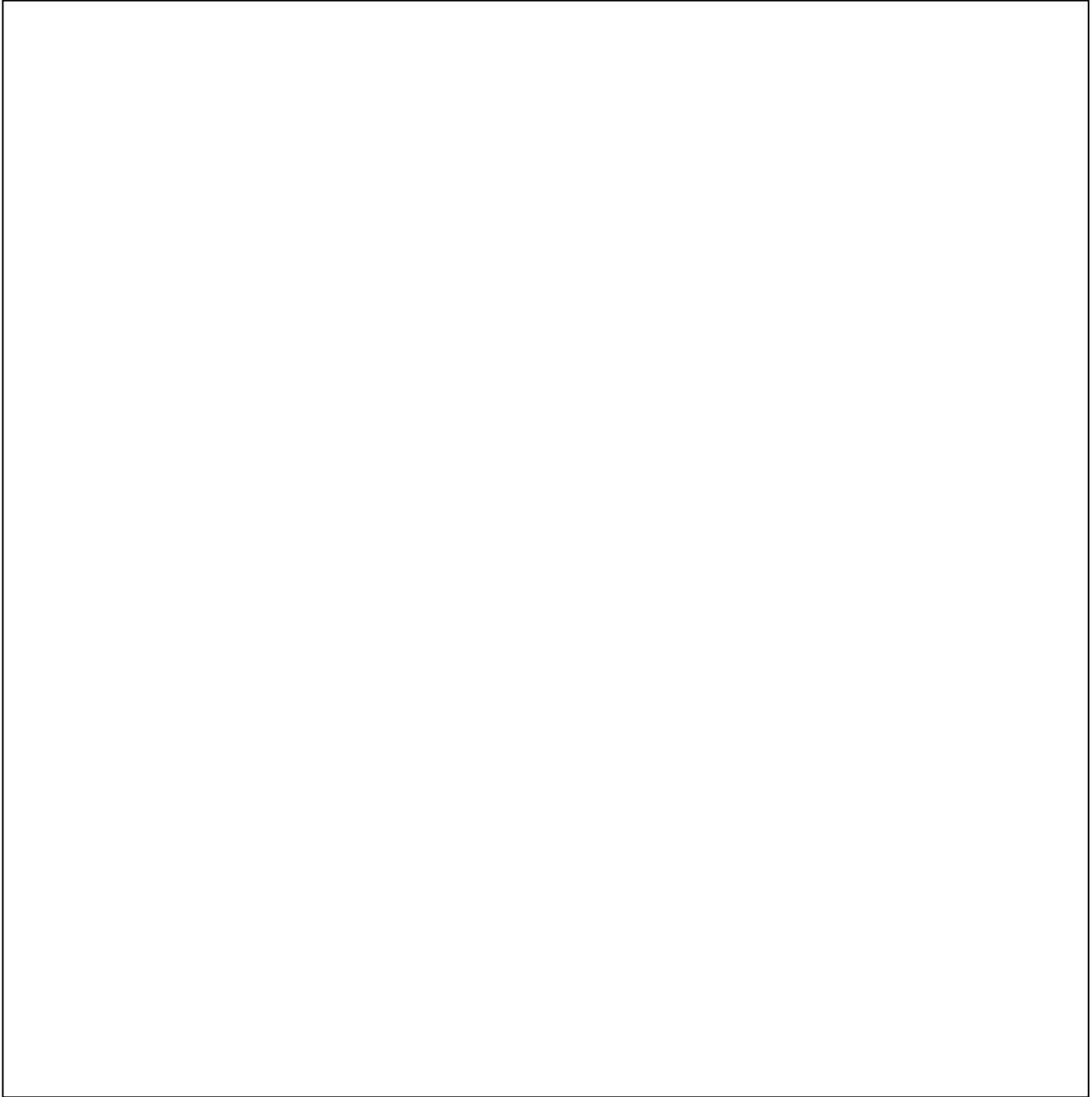
MANCHESTER TOWNSHIP

Permit # _____

A DETAILED SITE PLAN IS REQUIRED FOR ALL PERMIT SUBMISSIONS

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

Plan scale _____



(Township use only)

MANCHESTER TOWNSHIP

PERMIT NUMBER: _____

ADDRESS: _____

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 # _____ On-site Sewage Permit # _____ Issued _____

Storm Water Management Permit # _____ Issued _____

Zoning Officer Signature _____ Approval Date _____