EAST DONEGAL TOWNSHIP

190 Rock Point Road, Marietta, PA 17547 Phone: (717) 426-3167 / Fax: (717) 426-4881

ERMIT NUMBER:	
DATE OF ISSUANCE:	

Application for a Zoning/Building Permit

	Application Type:	☐ Zoning Permit	☐ Building and Zoning Permit
		☐ Residential	☐ Non-Residential
PROJECT SITE ADDRESS	<u>5</u> :		_City/State/Zip
Subdivision Name (If Known)	-	Lot #
Tax Parcel Account Number	r: 150		
Zoning District: A AC	C GC	I PC R-1	R-2 R-3 R-4 R-5
Total Lot Area:	Acres/Sq. Ft.		
Are there any deed restriction	ons or HOA covenan	ts?, exp	lain
*****	******	*******	***********
PROPERTY OWNER NAM	IE(S) :		Phone #
			City/State/Zip
Email address:			
			City/State/Zip
Applicant Phone #:		Applicant Email add	lress:
GENERAL CONTRACTOR	R INFORMATION:		
Name of Company:			Contact Person:
Address:			City/State/Zip
Phone #:		Email address:	
Contractor Registration #		Proof of	Workman's Compensation Insurance and COI Attached
SUBCONTRACTOR(S) INF	FORMATION:		
			Contact Person:
Address:			
IVAC Contractor Name			Contact Parcon
			Contact Person:
Phone #:			City/State/Zip
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Plumbing Contractor Name:		Contact Perso	on:								
	City/State/Zip										
Phone #:											
Fire Alarm Contractor Name:		Contact Pers	son:								
Address:											
Phone #:	Email address:										
Fire Sprinkler Contractor Name:		Contact Per	son:								
Address:											
Phone #:											
DESIGN PROFESSIONAL NAME:		Contac	et Person:								
Address:											
Phone #:											
PA License #											
USE OF STRUCTURE: (Circle Below		· · ·									
Single Family Two Family	Multi-Family # of Units										
Non-Residential (Describe):											
DESCRIPTION OF WORK/IMPROV	/EMENT: (Circle All That Appl	y)									
New Building	Addition	Alteration	Repair/Replacement								
Demolition/Moving	Porch	Patio	Attached Garage								
Detached Garage	Deck	Shed/Outbuilding	Above-Ground Swimming Pool								
In-Ground Swimming Pool	Interior Hot Tub/Spa	Exterior Hot Tub/Sap	Photovoltaic								
Signage (Refer to Section 314)	Foundation Only	Change of Use	Other								

WORK WILL	INCLUDE: (Circle All T	hat Apply)				
Plumbing	Mechanical	Electrical	Other		 .	
Dimensions of p	oroposed work (Length)	(Width X Height):	eight measured from	lowest grade level to	peak of roof or deck fl	oor)
	quare Footage:					
# of Stories Abo	we Grade:					
Amount of New	Impervious Coverage be	eing added to the prop	perty:	squar	re feet	
Amount of Exist	ting Impervious Coverag	e being removed from	1 the property:		square feet	
	ll proposed uses of this b					
Type of Sewage	<u>Disposal:</u> (Circle one) F	rivate or Public	Type of Water Supp	plv: (Circle one) Priv	vate or Public	
ls any part of th	is lot located within a Flo	ood-prone area? (Circ	le one) Yes or 1	No Floodplain Cer	rtification? Yes or	No
Has a driveway j	permit and/or sewer per	mit been obtained?	Driveway _	Sewer	N/A	
<u>ESTIMATED D.</u>	ATE OF PROJECT CO	MPLETION:				
ESTIMATED CO	OST OF CONSTRUCTI	<u>ON</u> : S				

<u>NOTE</u>: For <u>all</u> application submissions - 1 set of plans (site and building plans) are required to accompany the application as well as an electronic submission emailed to the zoning officer. The physical application packet shall be delivered to the East Donegal Township offices for processing.

CERTIFICATION

I hereby make application for a permit under all applicable Ordinances of East Donegal Township and hereby certify under penalty of perjury, the facts set forth herein and in the plans submitted herewith are true and correct: that I am the owner of record of the named property or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his/her authorized agent and I understand and assume responsibility for the establishment of official property lines for required setbacks prior to the start of construction. I hereby indemnify and hold harmless East Donegal Township for any liability arising from the approval of this application and the issuance of any permit.

In the event review by a Township Professional Consultant (including but not limited to Township Engineering or Township Solicitor) is necessary, the applicant agrees to reimburse the Township and shall be billed therefore and shall pay the amount due within thirty (30) days of such billing.

No construction may begin until the appropriate permits are acquired.

Date_____

PROPERTY OWNER(S) SIGNATURE (Required)

APPLICANTS SIGNATURE (if different from proper	Date	
Third Party Plan Review and Code Inspection A	Agency:	
CODE ADMINISTRATORS 1862 Charter Lane, Suite 101 Lancaster, PA 17601		
Phone: (717) 859-3350 Fax: (717) 859-3363 Staff@codeadministrators.com		
-	******	*******
Date Application Received:	Date of Action:	Permit Granted / Permit Denied
Date Application Refiled:	Date of Action:	Permit Granted / Permit Denied
Completion Date:	C.O. Issued:	
FEES:		
Zoning Permit Fee: \$		
Building Permit Fee: \$		
UCC Administrative Fee: \$		
UCC Training Fee: \$		
Certificate of Use/Occupancy: \$		
Other (): \$		
Total: \$		

PLOT PLAN SUBMITTAL CHECKLIST

DOES YOUR PLOT PLAN INDICATE THE FOLLOWING

"REQUIRED" ITEMS:	<u>YES</u>	<u>NO</u>
Location of Lot, including dimensions (width & depth) of lot?		
Front setback footage from property line to new construction?		
Rear setback footage from property line to new construction?		
Side setbacks both in footage from property line to new construction?		
Locations AND sizes of all existing structures on the lot?		
Uses of all existing structures on the lot?		
Locations AND square footage/sizes of all "EXISTING" impervious areas on the lot? (eg; driveways, accessory structures, walkways, patios, decks, etc.)		
Location of existing structures on neighboring lots that are located within 100' of the proposed construction?		
Uses of all proposed structures on the lot?		
Locations AND square footage/sizes of all "PROPOSED" structures and impervious areas on the lot? (eg: additions, pools, sheds, patios, decks, etc.)?		
Location of existing and proposed water wells?		
Location of existing and proposed septic systems?		
Copy of Septic Permit from the Township Sewage Enforcement Officer (if applicable)?		
Names and widths of abutting streets/highways?		
Copy of Driveway/Highway Occupany Permit (if applicable)?	<u> </u>	
ocation of existing and proposed stormwater management (pits/basins/ponds, tc)?		
ocation of all Floodplain & Easements (Access, Drainage, Utility, Etc.)	- 7/8	

INSTRUCTIONS FOR PLOT PLAN

Plan does not need to be drawn to scale, but must show the following:

- 1. Location and dimensions of lot.
- 2. Setbacks: Distances, in footage, between new construction and the property lines, including front, rear and both sides.
- 3. Structures & Yards: Locations and uses of all existing and proposed structures and dimensions of all impervious areas on lot.
- 4. Location of existing and proposed water wells and sewage disposal systems.
- 5. Names and widths of abutting streets/highways.

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Workers Compensation Insurance Coverage Information

(Attach to Zoning and/or Building Permit Applications)
(If work is being done by homeowner you are exempt from this form)

A. THE APPLICANT IS: (THIS INCLUDES ALL SUBCONTRACTORS)

A contractor within the meaning of the Pennsylvania Workers Compensation Law Yes No If the answer is "YES" complete Section (B), If "NO" complete Section (C). **B. INSURANCE INFORMATION:** Name of applicant: Federal or State employer identification No. Applicant is a qualified self-insurer for workers compensation. Certificate attached Name of Workers Compensation Insurer: Workers Compensation Insurance Policy No. Certificate attached Policy Expiration Date: C. EXEMPTION: Complete Section C if the applicant is a contractor claiming exemption from providing workers compensation insurance. (MUST GET NOTARIZED). The undersigned swears or affirms 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: Contractor with 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 township. Religious exemption under the Workers Compensation Law. Subscribed and sworn to before me this Signature of applicant ___ day of _____ 20 (Signature of Notary Public) County of _____ My commission expires:____

(SEAL)

Municipality of _____

SAMPLE OF ACCEPTABLE PLOT PLAN DRAWING

