

EAST DONEGAL TOWNSHIP

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

PERMIT NUMBER: _____

DATE OF ISSUANCE: _____

Application for a Zoning/Building Permit

Application Type: ☐ Zoning Permit ☐ Building and Zoning Permit
☐ Residential ☐ Non-Residential

PROJECT SITE ADDRESS: _____ City/State/Zip _____

Subdivision Name (If Known) _____ Lot # _____

Tax Parcel Account Number: 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 restrictions or HOA covenants? _____, explain _____

PROPERTY OWNER NAME(S): _____ Phone # _____

Present/Mailing Address: _____ City/State/Zip _____

Email address: _____

APPLICANT NAME (if different from property Owner): _____

Applicant Address: _____ City/State/Zip _____

Applicant Phone #: _____ Applicant Email address: _____

GENERAL CONTRACTOR 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) INFORMATION:

Electrical Contractor Name: _____ Contact Person: _____

Address: _____ City/State/Zip _____

Phone #: _____ Email address: _____

HVAC Contractor Name: _____ Contact Person: _____

Address: _____ City/State/Zip _____

Phone #: _____ Email address: _____

Plumbing Contractor Name: _____ Contact Person: _____
Address: _____ City/State/Zip _____
Phone #: _____ Email address: _____

Fire Alarm Contractor Name: _____ Contact Person: _____
Address: _____ City/State/Zip _____
Phone #: _____ Email address: _____

Fire Sprinkler Contractor Name: _____ Contact Person: _____
Address: _____ City/State/Zip _____
Phone #: _____ Email address: _____

DESIGN PROFESSIONAL NAME: _____ Contact Person: _____
Address: _____ City/State/Zip _____
Phone #: _____ Email address: _____
PA License # _____

PROJECT INFORMATION

USE OF STRUCTURE: (Circle Below)

Single Family Two Family Multi-Family # of Units _____

Non-Residential (Describe): _____

DESCRIPTION OF WORK/IMPROVEMENT: (Circle All That Apply)

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 That Apply)

Plumbing Mechanical Electrical Other _____

Dimensions of proposed work (Length X Width X Height): _____
(Height measured from lowest grade level to peak of roof or deck floor)

Total Project Square Footage: _____

of Stories Above Grade: _____

Amount of New Impervious Coverage being added to the property: _____ square feet

Amount of Existing Impervious Coverage being removed from the property: _____ square feet

State in detail all proposed uses of this building and premises: _____

Type of Sewage Disposal: (Circle one) Private or Public Type of Water Supply: (Circle one) Private or Public

Is any part of this lot located within a Flood-prone area? (Circle one) Yes or No Floodplain Certification? Yes or No

Has a driveway permit and/or sewer permit been obtained? _____ Driveway _____ Sewer _____ N/A

ESTIMATED DATE OF PROJECT COMPLETION: _____

ESTIMATED COST OF CONSTRUCTION: \$ _____

NOTE: For all 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.

PROPERTY OWNER(S) SIGNATURE (Required) _____ Date _____

APPLICANTS SIGNATURE (if different from property owner) _____ Date _____

Third Party Plan Review and Code Inspection Agency:

CODE ADMINISTRATORS

1862 Charter Lane, Suite 101

Lancaster, PA 17601

Phone: (717) 859-3350

Fax: (717) 859-3363

Staff@codeadministrators.com

FOR TOWNSHIP USE ONLY

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

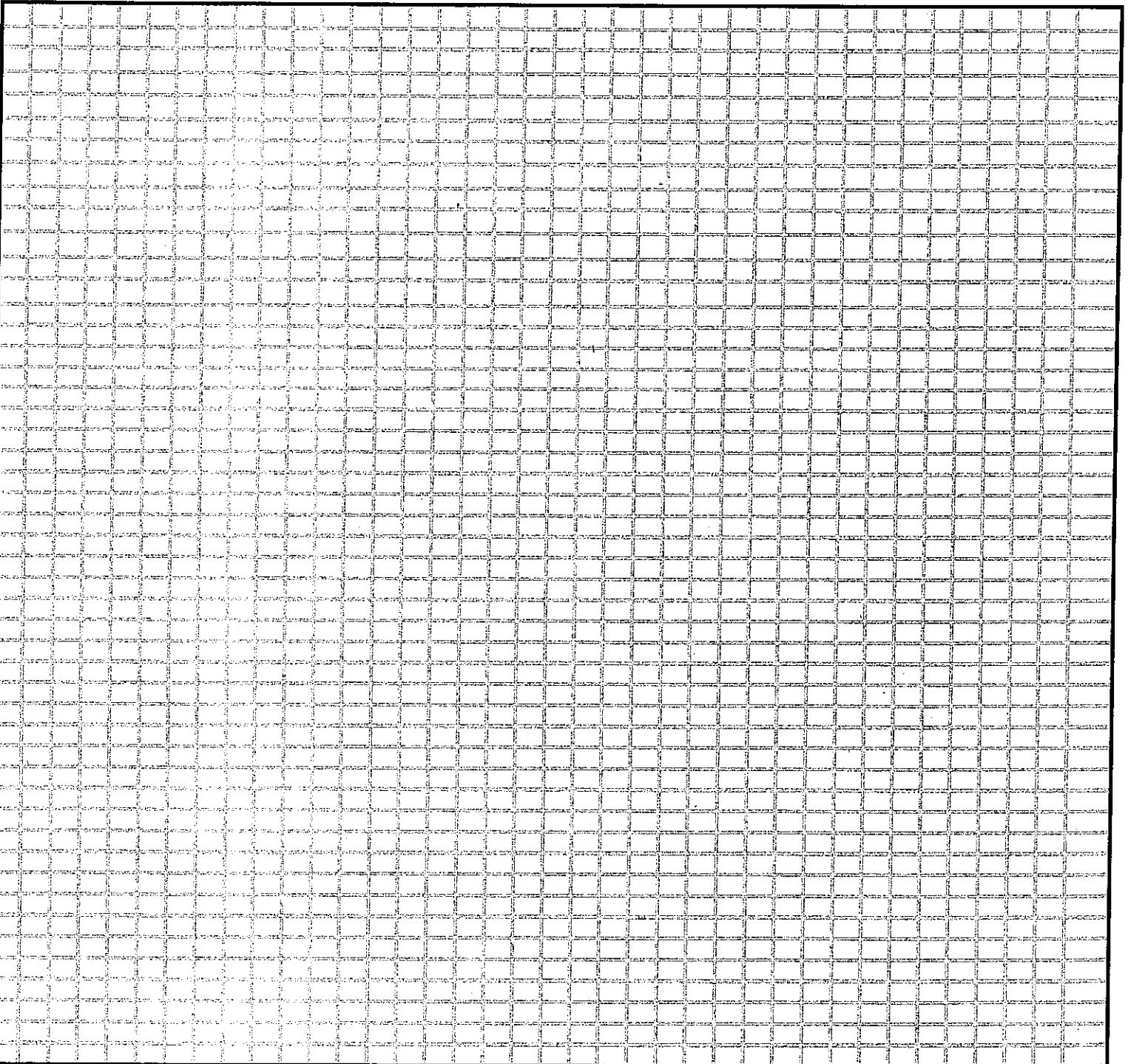
**DOES YOUR PLOT PLAN INDICATE THE FOLLOWING
"REQUIRED" ITEMS:**

	<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)?		
Location of existing and proposed stormwater management (pits/basins/ponds, etc)?		
Location of all Floodplain & Easements (Access, Drainage, Utility, Etc.)		

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.



Township Use Only

Lot Size: Width _____	Max. Lot Coverage _____	Setbacks: Front: _____
Depth: _____	Lot Coverage Used _____	Side: _____
Total: _____	Maximum Height _____	Rear: _____

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

_____ day of _____ 20 _____

(Signature of Notary Public)

My commission expires: _____

(SEAL)

Signature of applicant _____

Address _____

County of _____

Municipality of _____

SAMPLE OF ACCEPTABLE PLOT PLAN DRAWING

