

CONOY TOWNSHIP

211 Falmouth Road, Bainbridge, Pennsylvania 17502
Phone: (717) 367-4927 / Fax: (717) 367-6299

PERMIT NUMBER: _____

DATE OF ISSUANCE: _____

Application for a Zoning/Building Permit

Application Type: Zoning Permit Building and Zoning Permit

PROJECT SITE ADDRESS: _____ City/State/Zip _____

Subdivision Name (If Known) _____ Lot # _____

Tax Parcel Account Number: 130- _____

Zoning District: AG _____ Con. _____ Rural _____ Res-1 _____ Res-2 _____ VC _____ LC _____ I _____

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: _____

CONTRACTOR NAME: _____ Contact Person: _____

Contractor Address: _____ City/State/Zip _____

Contractor Phone #: _____ Contractor Email address: _____

Contractor Registration # _____ Proof of Workman's Compensation Insurance Attached

Will subcontractors be used: Yes _____ No _____ If yes, list subcontractor's names and addresses:

Name	Address	Phone #
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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 _____

****Note: If any work/demolition involves a Class 1 or Class 2 Historical Structure/Resource, such will also require the completion of a Historic Resource Alteration/Addition/Demolition Permit Addendum.**

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: _____

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: \$ _____

CERTIFICATION

I hereby make application for permit under all applicable Ordinances of Conoy 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 Conoy 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 _____

NOTE:

For Residential Zoning/Building Permits – 2 sets of plans are required with the application

For Commercial/Non-Residential Zoning/Building Permits – 3 sets of plans are required with the application

Third Party Plan Review and Code Inspection Agency

ASSOCIATED BUILDING INSPECTIONS LLC

1647 N. Reading Road
Stevens, PA 17578
Phone: (717) 733-1654
Fax: (717) 604-0071
accounting@weknowcodes.com

FOR TOWNSHIP USE ONLY

Date Application Received: _____ Date of Action: _____ Permit Granted / Permit Denied

Date Application Refined: _____ 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 Occupancy: \$ _____

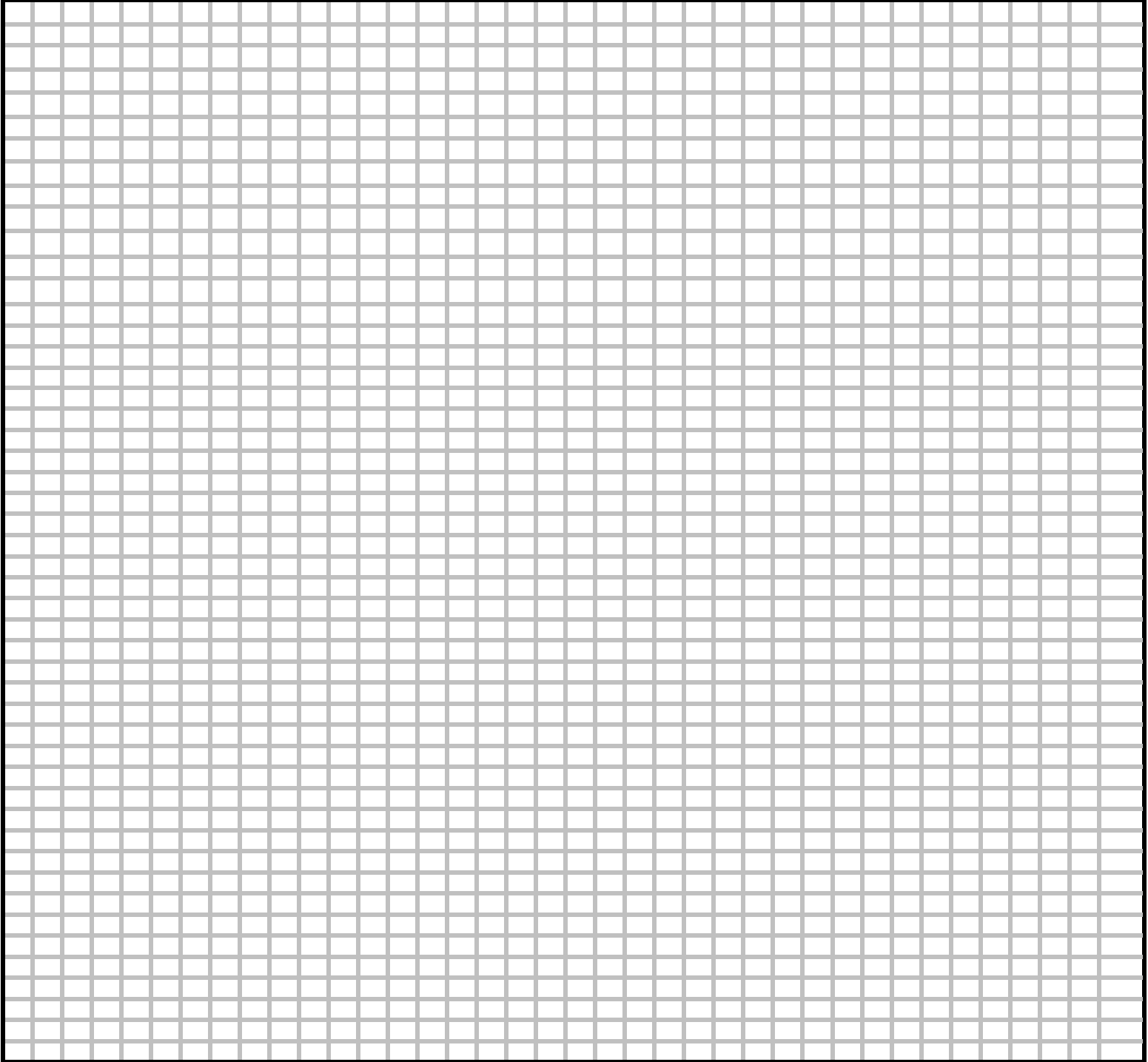
Other (_____): \$ _____

Total: \$ _____

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: _____

WORKER'S COMPENSATION INSURANCE COVERAGE INFORMATION

A. The Applicant or Authorized Agent is

A contractor within the meaning of the Pennsylvania Worker's Compensation Law

YES NO

If the answer is "yes" complete Section B, if "no" complete section C below.

B. Insurance Information

Name of Applicant _____

Federal or State Employer Identification No. _____

Applicant is a qualified self-insurer for Worker's Compensation. Certificate Attached

Name of Worker's Compensation Insurer _____

Worker's Compensation Insurance Policy

No. _____ Certificate Attached

Policy Expiration Date: _____

C. Exemption

I, _____, do attest that I will not employ/hire any other persons for the project for which I am seeking a building permit.

After receipt of the building permit, if I employ any other persons, I will notify this office and provide proof of workers' compensation coverage within three working days.

I understand that failure to comply, will result in a STOP-WORK order and that such order may not be lifted until proper coverage is obtained, as provided by Section 302(e)(4) of the act of June 2, 1915 (P.J. 736), known as the Pennsylvania Workers' Compensation Act, reenacted and amended June 21, 1939 and amended December 5, 1974 and amended July 2, 1993, Act 44.

PLOT PLAN SUBMITTAL CHECKLIST

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

YES

NO

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

SAMPLE OF ACCEPTABLE PLOT PLAN DRAWING

