

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/Spa	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 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 Occupancy: \$ _____

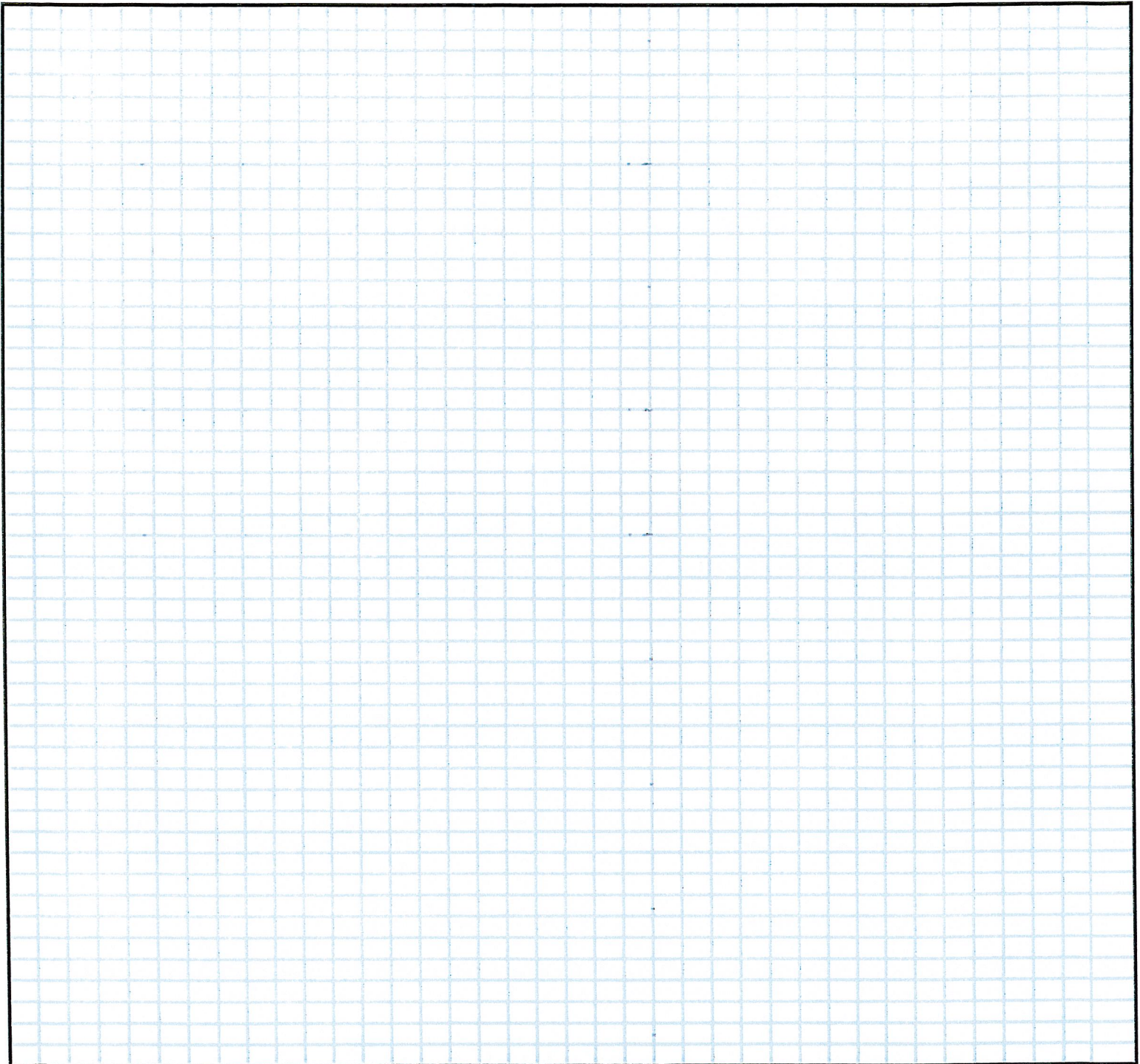
Other (_____): \$ _____

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.

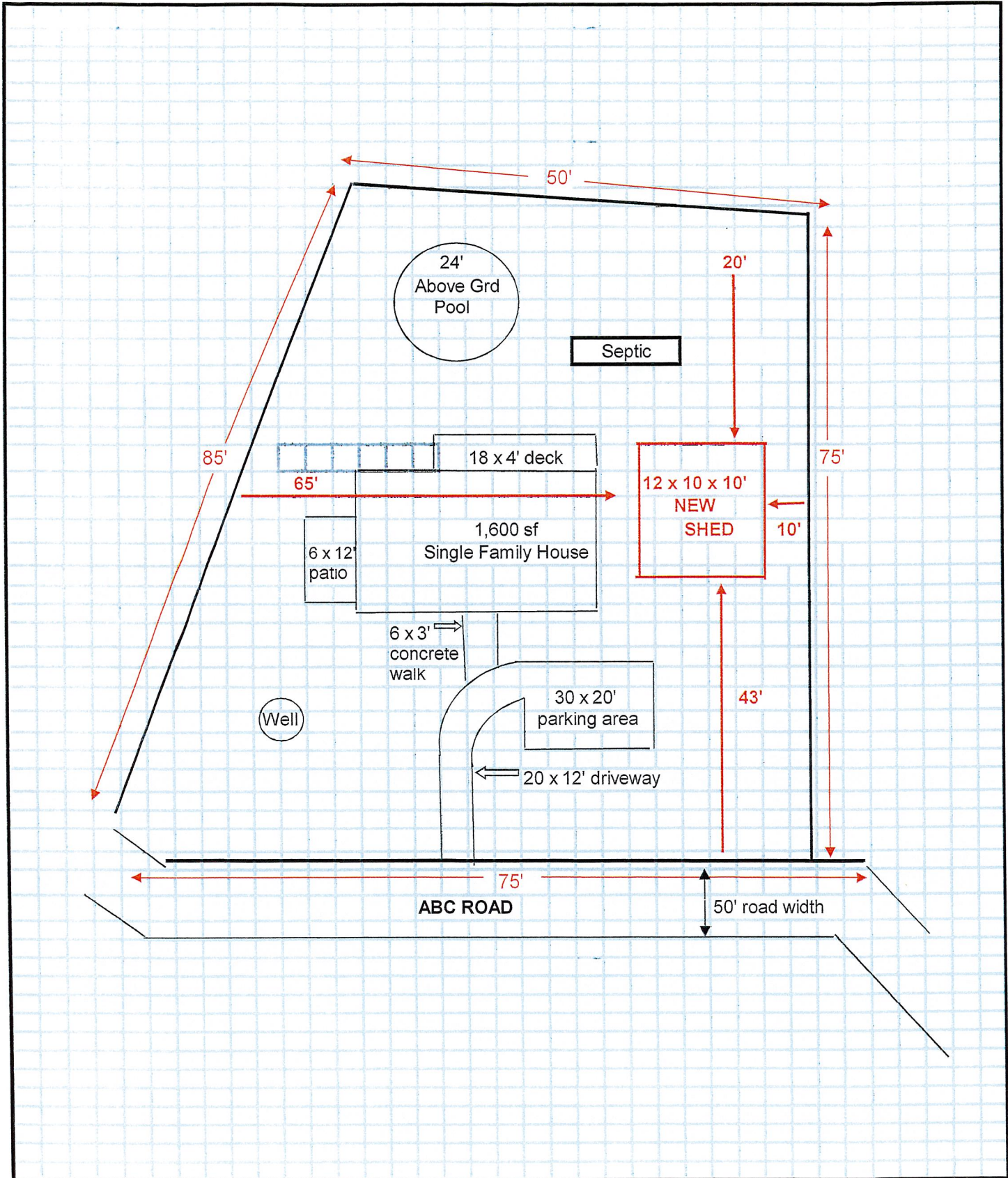
I understand that failure to comply, will result in a STOP-WORK order and that such order may not be lifted until proper coverage is obtained, as provided by Section 302(e)(4) of the act of June 2, 1915 (P.J. 736), known as the Pennsylvania Workers' Compensation Act, reenacted and amended June 21, 1939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

	<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.)		

SAMPLE OF ACCEPTABLE PLOT PLAN DRAWING





1647 N Reading Rd., Stevens, PA 17578
 Phone: (717) 733.1654
 www.weknowcodes.com

Permit # _____
 Parcel # _____
 ABI # _____
 Date Received ____/____/____
 Date Approved ____/____/____

COMMERCIAL/RESIDENTIAL BUILDING PERMIT APPLICATION

Application Type (Check all that apply) <input type="checkbox"/> Commercial <input type="checkbox"/> Residential	<input type="checkbox"/> Addition <input type="checkbox"/> Accessibility Only Review <input type="checkbox"/> Alteration or Renovation <input type="checkbox"/> Uncertified Existing Building <input type="checkbox"/> New Building / NSF Dwelling <input type="checkbox"/> Change of Use and Occupancy	<input type="checkbox"/> Phased Approval (commercial only) <input type="checkbox"/> If Phased Approval indicate total number of phases and describe scope of work for each phase. A plan shall be submitted with an outline defining each phase of the plan.																												
Use/Occupancy Classification: Check box to left of applicable group. (Check all that apply)	<table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> A-1</td> <td><input type="checkbox"/> A-2</td> <td><input type="checkbox"/> A-3</td> <td><input type="checkbox"/> A-4</td> <td><input type="checkbox"/> A-5</td> <td><input type="checkbox"/> B</td> <td><input type="checkbox"/> E</td> </tr> <tr> <td><input type="checkbox"/> F-1</td> <td><input type="checkbox"/> F-2</td> <td><input type="checkbox"/> H-1</td> <td><input type="checkbox"/> H-2</td> <td><input type="checkbox"/> H-3</td> <td><input type="checkbox"/> H-4</td> <td><input type="checkbox"/> H-5</td> </tr> <tr> <td><input type="checkbox"/> I-1</td> <td><input type="checkbox"/> I-2</td> <td><input type="checkbox"/> I-3</td> <td><input type="checkbox"/> I-4</td> <td><input type="checkbox"/> M</td> <td><input type="checkbox"/> R-1</td> <td><input type="checkbox"/> R-2</td> </tr> <tr> <td><input type="checkbox"/> R-3 Adult Care</td> <td><input type="checkbox"/> R-3</td> <td><input type="checkbox"/> R-4</td> <td><input type="checkbox"/> S-1</td> <td><input type="checkbox"/> S-2</td> <td><input type="checkbox"/> U</td> <td></td> </tr> </table>		<input type="checkbox"/> A-1	<input type="checkbox"/> A-2	<input type="checkbox"/> A-3	<input type="checkbox"/> A-4	<input type="checkbox"/> A-5	<input type="checkbox"/> B	<input type="checkbox"/> E	<input type="checkbox"/> F-1	<input type="checkbox"/> F-2	<input type="checkbox"/> H-1	<input type="checkbox"/> H-2	<input type="checkbox"/> H-3	<input type="checkbox"/> H-4	<input type="checkbox"/> H-5	<input type="checkbox"/> I-1	<input type="checkbox"/> I-2	<input type="checkbox"/> I-3	<input type="checkbox"/> I-4	<input type="checkbox"/> M	<input type="checkbox"/> R-1	<input type="checkbox"/> R-2	<input type="checkbox"/> R-3 Adult Care	<input type="checkbox"/> R-3	<input type="checkbox"/> R-4	<input type="checkbox"/> S-1	<input type="checkbox"/> S-2	<input type="checkbox"/> U	
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Site Information (Subdivision & County names are required.)	Project Name _____ Street Name and # _____ City _____ State _____ Zip Code _____ Subdivision _____ County _____																													
Special Requirements and Documentation <u>Proposed timeline must be filled out for all commercial projects</u>	Check each block below indicating that all the following will be submitted with this application: <input type="checkbox"/> Two (2) site plans <input type="checkbox"/> Two (2) complete sets of construction drawings <input type="checkbox"/> One (1) completed copy of the ABI-2 UCC PLAN REVIEW CHECKLIST <input type="checkbox"/> One (1) set of specifications (only if Addition, Alteration, New Building or New Structure/Facility) <input type="checkbox"/> PDF files of design drawings <input type="checkbox"/> Proposed project timeline _____ yr./mo./wks(s)																													
Does this construction involve modular units built in a factory	<input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", submit 1 copy of a letter from a licensed design professional certifying that construction within the modular units (or the fully assembled modular building) and hidden from view will fully comply with all requirements of the UCC.																												
Is this construction regulated by the Health Care Facilities Act?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", submit 1 copy of approval letter from the Pennsylvania Department of Health.																												
Is this construction exempt from energy code requirements?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", submit 1 copy of letter indicating that the building or structure will use neither electricity nor fossil fuels, and thus is exempt per ASHRAE 90.1, §2.3(B). If "No", submit 1 copy of the COMcheck-EZ Certificate or the UCC-14 ENERGY CODE PRESCRIPTIVE COMPLIANCE REPORT.																												
Is project in flood hazard area?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", submit 1 copy of one of the flood hazard certifications mandated in section 1612.5 of the <i>International Building Code</i> .																												
Are any of the <i>International Building Code</i> (Chapter 17) special inspection or structural observations required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", submit 1 copy of the ABI-6 SPECIAL INSPECTIONS OBSERVATIONS STATEMENT.																												

	Will an alternative construction method or material be used on this project?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", submit a signed statement indicating that the proposed method or material meets the requirements of 34 PA Code §403.44.												
	<p>Is this application for "temporary certificate of occupancy" (Phased Approval)?</p> <p>A building code official may issue a temporary certificate of occupancy (Phased Approval) for a portion or portions of the building or structure before the completion of the entire work covered by the permit if the portion or portions may be occupied safely. The building code official shall set a time during which the temporary certificate of occupancy is valid.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", submit a letter signed by the design professional and owner acknowledging that the request for phased construction. For Phased Approval applicant shall indicate total number of phases and describe scope of work for each phase. A plan shall be submitted with an outline defining each phase of the plan. Inspection fees shall be based on a cost per phase. Plan review fees may, depending on level of submittal, cover entire project or each phase only per judgment of plans examiner.												
	Construction Phase Requiring Certificate of Use & Occupancy	<input type="checkbox"/> Yes <input type="checkbox"/> No	Which Phases?												
<p>Deferred Submissions (Check all that apply) (All deferred submissions will need to be submitted within 30 days of project approval unless other arrangements have been discussed)</p>	<p>Are you requesting deferred approval? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Provide a written request on the construction disciplines to be deferred.</p> <p>Please check disciplines you wish to defer:</p> <table border="0"> <tr> <td><input type="checkbox"/> Architectural</td> <td><input type="checkbox"/> Plumbing</td> <td><input type="checkbox"/> Structural</td> </tr> <tr> <td><input type="checkbox"/> Electrical</td> <td><input type="checkbox"/> Mechanical</td> <td><input type="checkbox"/> Fire Protection Systems</td> </tr> <tr> <td><input type="checkbox"/> Accessibility</td> <td><input type="checkbox"/> Energy/Insulation</td> <td><input type="checkbox"/> Underslab Plumbing</td> </tr> <tr> <td><input type="checkbox"/> Underslab Electrical</td> <td><input type="checkbox"/> Underslab Mechanical</td> <td><input type="checkbox"/> _____</td> </tr> </table> <p>Provide two (2) sets of signed and sealed drawings for all those disciplines you wish to construct.</p>			<input type="checkbox"/> Architectural	<input type="checkbox"/> Plumbing	<input type="checkbox"/> Structural	<input type="checkbox"/> Electrical	<input type="checkbox"/> Mechanical	<input type="checkbox"/> Fire Protection Systems	<input type="checkbox"/> Accessibility	<input type="checkbox"/> Energy/Insulation	<input type="checkbox"/> Underslab Plumbing	<input type="checkbox"/> Underslab Electrical	<input type="checkbox"/> Underslab Mechanical	<input type="checkbox"/> _____
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<input type="checkbox"/> Underslab Electrical	<input type="checkbox"/> Underslab Mechanical	<input type="checkbox"/> _____													
<p>Project Data (Commercial Projects only)</p> <p>Square Footage and cost of construction is required for all commercial projects.</p>	<p>Type(s) of construction per Chapter 6 of the <i>International Building Code</i> (check all that apply): <input type="checkbox"/> IA <input type="checkbox"/> IB <input type="checkbox"/> IIA <input type="checkbox"/> IIB <input type="checkbox"/> IIIA <input type="checkbox"/> IIIB <input type="checkbox"/> IV <input type="checkbox"/> VA <input type="checkbox"/> VB</p> <p>Square Footage of project: _____</p> <p>Cost of Construction: _____</p> <p>Fire suppression: <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None</p> <p>If application applies to an existing building that is "legally occupied," indicate permits held:</p> <p>Fire and Panic Occupancy Permit <input type="checkbox"/> Fire Number: _____</p> <p>Municipal Occupancy Permit <input type="checkbox"/> Permit Number: _____</p> <p>Municipality Name: _____</p> <p>L&I UCC Certificate of Occupancy <input type="checkbox"/> File Number: _____</p> <p>If "legally occupied," you must select which code requirements the building will comply with (choose only one):</p> <p><input type="checkbox"/> <i>International Existing Building Code</i> <input type="checkbox"/> <i>International Residential Building Code</i></p>														

Design Professional in Responsible Charge <i>Seal must be in space to right of name and address.</i>	Name: _____
	Address: _____ _____
	PA License #: _____
	E-Mail: _____
	Phone: _____
	Fax: _____

Property Owner Information	Property Owner Name: _____
	Street Address: _____
	City: _____ State: _____ Zip Code: _____
	Phone Number: _____ E-mail: _____

Applicant's Certification:
As the owner or the authorized agent of the project for which this application is filed, I certify that:
The building or structure described in this application will not be occupied until all known code violations are corrected and a Certificate of Occupancy has been received from the local municipality. This project will be constructed in accordance with the approved drawings and specifications (including any required non-design changes) and the Uniform Construction Code standards as specified in 34 PA Code Chapters 401-405. Any changes to the approved documents will be filed with Associated Building Inspections LLC and the local municipality.
When required, up to 20% of the total cost of any work performed on any area of primary function in an existing building will be expended to provide an accessible route to the area of primary function. No error or omission in either the drawings and specifications or application, whether approved or not, shall permit or relieve me from constructing the work in any manner other than provided for in 34 PA Code Chapters 401-405 of the Pennsylvania Uniform Construction Code.

Applicant Name: _____

Applicant Signature: _____ Date: _____

Applicant E-mail: _____

Billing Information

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email: _____

Applicant is responsible for the payment of ABI fees unless otherwise noted.