

# CONEWAGO TOWNSHIP

## APPLICATION FOR BUILDING PERMIT/ USE CERTIFICATE

NON- RESIDENTIAL

PENNSYLVANIA UNIFORM CONSTRUCTION CODES ENFORCED

2015 IBC

### 1. Property Information

Tax Map: \_\_\_\_\_ Site Address \_\_\_\_\_

Parcel No.: \_\_\_\_\_

### 2. Owners Information

City

State

Zip

First Name:

Last Name or Business:

Phone No. / Cell No.

Street Address:

City:

State:

Zip:

### 3. Contractor Information

Name of Contractor \_\_\_\_\_ Address \_\_\_\_\_ City, \_\_\_\_\_ State, Zip \_\_\_\_\_ Phone No. / Cell No. \_\_\_\_\_

Copy of a Workman=s Compensation@ Insurance Certificate \_\_\_\_\_ or N/A Affidavit \_\_\_\_\_

Person in charge of Work: \_\_\_\_\_ Phone No. \_\_\_\_\_

#### Type of Work or Improvement (Check all that apply)

- New Building  Addition  Alteration  Repair  Demolition  Re location  
 Foundation Only  Change of Use  Plumbing  Mechanical  Electrical

### 4. Building Plot Plan

Zone: Commercial \_\_\_\_\_ 85% Industrial \_\_\_\_\_ 85% % = Maximum lot impervious coverage

(On a separate sheet of paper provide a detailed plot plan showing proposed construction within the building set- back, All other buildings, well and septic systems to be shown with dimensions from property line and total lot impervious coverage.)

Total Lot Area: \_\_\_\_\_ Acres/ Sq. Ft. Total Lot Coverage: All Buildings & Impervious Surfaces \_\_\_\_\_ Sq. Ft. \_\_\_\_\_ %

Minimum Setbacks: Front \_\_\_\_\_ Ft. Side \_\_\_\_\_ Ft. Rear \_\_\_\_\_ Ft.

Use by Right? Yes \_\_\_ No \_\_\_ Use by Special Exception? Yes \_\_\_ No \_\_\_ Variance granted: Yes \_\_\_ No \_\_\_

Description of Work: \_\_\_\_\_

(3- Sets of Pa. Sealed Engineer Construction Documents for Non-Residential Projects)

#### Description of Building Use

Specific Use: \_\_\_\_\_ Use Group: \_\_\_\_\_ Change in Use  Yes  No if yes, Indicate former \_\_\_\_\_

Maximum Occupancy Load: \_\_\_\_\_ Maximum Live Load: \_\_\_\_\_

#### Does or will your building/ project contain any of the following: (Check)

Sprinkler System:  Yes  No Pressure Vessels:  Yes  No  
Elevator/ Escalator/ Lifts/ Moving walks:  Yes  No

#### Building Dimensions

Existing Building Area: \_\_\_\_\_ Sq. Ft. Number of Stories: \_\_\_\_\_

Proposed Building Area: \_\_\_\_\_ Sq. Ft. Height of Structure Above Grade: \_\_\_\_\_

Total Building Area: \_\_\_\_\_ Sq. Ft. Area of the Largest Floor: \_\_\_\_\_ Sq. Ft.

Estimated Length of Project: \_\_\_\_\_

**ESTIMATED COST OF PROJECT** (reasonable fair market value):\$ \_\_\_\_\_

**5. Zoning Requirements:**

Copy of the Uniform Construction Code Certificate of Approval No.: \_\_\_\_\_ Date: \_\_\_\_\_  
Copy of Sewage Installation / Repair / Alteration Permit & Type: Public \_\_\_\_\_ On Lot \_\_\_\_\_ Permit No. \_\_\_\_\_  
Copy of Driveway Permit Type: Twp. \_\_\_\_\_ PenDot \_\_\_\_\_ Permit No. \_\_\_\_\_  
Copy of Public Water application if applicable: \_\_\_\_\_ Private \_\_\_\_\_ Other \_\_\_\_\_  
Storm Water Management Application: Plan approval letter required if more than 1200sf of area is disturbed or is impervious: \_\_\_\_\_

**FLOOD PLAIN**

Is the site within an identified flood hazard area? (Check One)  Yes  No  
Will any portion of the flood hazard area be developed? (Check One)  Yes  No  
Owner/Agent shall verify that any proposed construction and/or development activity within the areas of Conewago Township, which are subject to flooding must comply with the requirements of the Flood Ordinance Number 319.  
Lowest Floor Level: \_\_\_\_\_

**HISTORIC DISTRICT**

Is the site located in a Historic District?  Yes  No  
If construction is proposed within a Historic District, a certificate of appropriateness may be required by the Municipality.

**6. Applicant=s Certifications**

The applicant certifies that all information on this application is correct and the work will be in accordance with the Approved@ construction documents and PA ACT 45 (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, setbacks, easements, rights- of way, flood areas, etc. Issuance of a permit and approval of construction documents shall not be construed as 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 all the applicable codes, ordinances and regulations.

Application for a permit shall be made by the owner and or lessee of the building or structure, or agent of either or by the registered 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 of Owner & Authorized Agent Print Name of Owner & Authorized Agent

\_\_\_\_\_  
Address

Date  
\*\*\*\*\*

For Office Use **Application Fee & Review Processing Fee: \$ 70.00 / \$15.00**  
**Total: \$ 85.00**

Application Date \_\_\_\_\_ **Sprinkler / Construction Review Fee: \$ \_\_\_\_\_**

APPLICATION NO. \_\_\_\_\_  
APPLICATION IS: GRANTED \_\_\_\_\_ DENIED \_\_\_\_\_ **Inspection /Sprinkler Fee: \$ \_\_\_\_\_**

ISSUANCE DATE: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_ **Permit Fee: \$ \_\_\_\_\_**

PLAN REVIEWER \_\_\_\_\_ **TOTAL \$ \_\_\_\_\_**

SIGNATURE OF PERMIT OFFICER/BCO \_\_\_\_\_ DATE \_\_\_\_\_

**APPLICANT OR AUTHORIZED AGENT RESPONSIBLE FOR CONTACTING CODES OFFICER**  
PHONE NO. 266-2122 CONEWAGO TOWNSHIP 490 COPENHAFFER RD. YORK PA. 17404 FAX NO. 266-2697