## **CONEWAGO TOWNSHIP**

Tax Map:	Site Address	ddress			
Parcel No.: 2. Owners Information		City	State	Zip	
First Name:	Last Name or Business:			Phone No. / Cell No.	
Street Address: <b>3. Contractor Information</b>	City:		State:	Zip:	
Name of Contractor Address Copy of AWorkman=s Compensation@ Insu		City,	-	Phone No. / Cell No	
Person in charge of Work:	Phone No.				
<b>4. Building Plot Plan</b> (On a separate sheet of paper provide All other buildings, well and septic system					
(On a separate sheet of paper provide All other buildings, well and septic system Zone: Agricultural30% % = Ma Total Lot Area:Acres/ Sq. Ft. Minimum Setbacks: FrontFt.	ns to be shown with Conservation aximum lot imperva Total Lot Covera Side	a dimensions from the pi 20% R140% ious coverage = anythin age: All Buildings & Im Ft. RearFt.	nstruction within the b roperty line, and total R2 50% g not green, stone not pervious Surfaces	lot impervious coverage. Village70% impervious Sq. Ft%	
(On a separate sheet of paper provide All other buildings, well and septic system Zone: Agricultural30% % = Ma Total Lot Area:Acres/ Sq. Ft. Minimum Setbacks: FrontFt. Use by Right? Yes No Use Description of Work: (2- Sets of Construction Docum	ns to be shown with Conservation aximum lot imperve Total Lot Covera Side by Special Excepti nents required for	a dimensions from the pi 20% R140% ious coverage = anythin age: All Buildings & Im Ft. RearFt. on? Yes No	nstruction within the le roperty line, and total R2 50% g not green, stone not pervious Surfaces Variance granted:	lot impervious coverage. Village70% impervious Sq. Ft% _YesNo	
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(On a separate sheet of paper provide All other buildings, well and septic system Zone: Agricultural 30% % = Ma Total Lot Area:Acres/ Sq. Ft. Minimum Setbacks: Front Ft. Use by Right? Yes No Use Description of Work: (2- Sets of Construction Docum Description of Building Use (Check On One-Family Dwelling Does or will your building/ project con Sprinkler System: Yes Building Dimensions	ns to be shown with Conservation Aximum lot imperve Total Lot Covera Side by Special Exception ments required for the (R3) (R3) htain any of the for No Sq. Ft.	a dimensions from the pi _ 20% R140% ious coverage = anythin age: All Buildings & Im Ft. RearFt. on? Yes No Residential projects & S Two-family Dwelli llowing: Pressure Vessels: Number of Stories: _	nstruction within the b roperty line, and total R250% g not green, stone not pervious Surfaces Variance granted: Sprinkler Drawings for ng (R3) Yes	lot impervious coverage. Village70% impervious Sq. Ft% _YesNo r New Homes if Installed, Accessory Structure No	

ESTIMATED COST OF PROJECT (reasonable fair market value):

## 5. Zoning Requirements:

Copy of Sewage Installation / Repair / Alteration Permit       Type: Public or On Lot Permit No         Copy of Driveway Permit       Type: Twp or PenDot Permit No         Copy of Public Water application if applicable: or Private/ Well Other       Copy of Storm Water Management 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	Copy of the Uniform Construction Code C	Certificate of Approval N	No. :	Date	e:	
Copy of Public Water application if applicable:       or Private/ Well Other         Copy of Storm Water Management Plan approval letter required if more than 1200sf of area is disturbed or is impervious:	Copy of Sewage Installation / Repair / Alt	eration Permit Type:	Public or	On Lot Per	mit No	
Copy of Storm Water Management Plan approval letter required if more than 1200sf of area is disturbed or is impervious: <b>FLOOD PLAIN</b> Is the site within an identified flood hazard area? ( <i>Check One</i> ) Yes No	Copy of Driveway Permit Type: Ty	vp or PenDot	Permit No	)		
FLOOD PLAIN       Is the site within an identified flood hazard area? (Check One)       Yes	Copy of Public Water application if applic	cable: or F	Private/ Well	Other		
Is the site within an identified flood hazard area? ( <i>Check One</i> ) Yes No	Copy of Storm Water Management Plan approval letter required if more than 1200sf of area is disturbed or is impervious:					
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:	Is the site within an identified flood hazard Will any portion of the flood hazard area b Owner/Agent shall verify that any propose which are subject to flooding must comply	be developed? ( <i>Check O</i> ed construction and/or de	<i>ne</i> ) Yes N evelopment activity of the Flood Ordin	No ty within the areas nance Number 319		

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 Aapproved@ 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 Ap	oplication Fee & Review Processing Fee: <u>\$ 70.00 / \$15.00</u> Total: <u>\$ 85.00</u>
Application Date Sprinkle	r if installed/Construction Review Fee: \$
APPLICATION NO	
	Sprinkler if Installed/Inspection Fee: \$
ISSUANCE DATE: EXPIRATION DATE:	Permit Fee: \$
PLAN REVIEWER	TOTAL \$
SIGNATURE OF PERMIT OFFICER/BCO	DATE
APPLICANT OR AUTHORIZED AGENT RESP	ONSIBLE FOR CONTACTING CODES OFFICER

PHONE NO. 266-2122 CONEWAGO TOWNSHIP 490 COPENHAFFER RD. YORK PA. 17404 FAX NO. 266-2697