**Codorus Township**

**APPLICATION FOR ZONING/BUILDING PERMIT**

**(Phone) 717-846-2004 Ext. 104 Please leave a detailed message for a return call**

**All applicable information must be filled out or the application may be denied.**

**Use this form ONLY for Municipal Zoning Ordinance Compliance**

**LOCATION OF PROJECT**

**Site Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_\_\_\_\_**

**Tax Parcel Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Property Owner(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Owners Address if different than site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Owners Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Owners Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CONTRACTORS INFORMATION**

**NOTE: ALL Contractors or persons working in Codorus Township are required to have the appropriate license(s)**

**General Contractor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ License \_\_\_\_\_\_\_\_\_\_\_\_**

**Contact Person \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ License \_\_\_\_\_\_\_\_\_\_\_\_**

**Plumber: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ License \_\_\_\_\_\_\_\_\_\_\_\_**

**Electrician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ License \_\_\_\_\_\_\_\_\_\_\_\_**

**HVAC: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ License \_\_\_\_\_\_\_\_\_\_\_\_**

**Additional Specialty: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **TYPE OF WORK** | **USE PROPOSED** | |
| **Check all that apply:**  **\_\_\_ Fence less than 6’, not for pools\***  **\_\_\_ Alteration\***  **\_\_\_ Repair, replacement\***  **\_\_\_ Patio or sidewalk\***  **\_\_\_ Deck under 30 inches\***  **\_\_\_ Accessory building under 1000 square feet\***  **\_\_\_ Agriculture building\***  **\_\_\_ Windows/Siding/Gutters\***  **\_\_\_ Roof Replacement \***  **\*Must meet the exemption requirements of PA Act**  **45 UCC, or a building permit application is required** | **Residential**  **Change of Use Created: YES NO**  **\_\_\_ Attached \_\_\_ Detached**  **\_\_\_ One-Family Dwelling**  **\_\_\_ Two-Family Dwelling**  **\_\_\_ Multi-Family - # of Units = \_\_\_\_\_\_\_\_**  **\_\_\_ Accessory Building**  **\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **If project requires inspections or meets inspection criteria, a building application should be used - NOT THIS ZONING**  **PERMIT APPLICATION** | **NON-Residential**  **Change of Use Created: YES NO**  **\_\_\_ Industrial**  **\_\_\_ Commercial**  **\_\_\_ Service Station, Repair Garage**  **\_\_\_ Hospital, Institutional**  **\_\_\_ Office, Professional**  **\_\_\_ Transient Hotel, Motel, Dormitory**  **# of Transient Units = \_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **MUST BE FILLED OUT:**  **ESTIMATED COST OF IMPROVEMENT: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ OWNERSHIP: Private \_\_\_\_\_\_\_ Public \_\_\_\_\_\_\_\_** | | |

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| **TYPE OF WORK** | | | **USE PROPOSED** | | | |
| **Check all that apply:**  **\_\_\_ New Construction**  **\_\_\_ Electrical**  **\_\_\_ Plumbing**  **\_\_\_ Mechanical**  **\_\_\_ Addition**  **\_\_\_ Structural Alteration**  **\_\_\_ Accessory Building**  **\_\_\_ Moving, Relocating**  **\_\_\_ Demolition**  **\_\_\_ Foundation/Slab**  **\_\_\_ Deck over 30 inches**  **\_\_\_ Other** | | | **Residential**  **Change of Use Created: YES NO**  **\_\_\_ Attached \_\_\_ Detached**  **\_\_\_ One-Family Dwelling**  **\_\_\_ Two-Family Dwelling**  **\_\_\_ Multi-Family - # of Units = \_\_\_\_\_\_\_\_**  **\_\_\_ Accessory Building**  **\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **If project is exempt from inspections or does not meet inspection criteria, a zoning application should be used and not this Building Permit Application** | | **NON-Residential**  **Change of Use Created: YES NO**  **\_\_\_ Industrial**  **\_\_\_ Commercial**  **\_\_\_ Service Station, Repair Garage**  **\_\_\_ Hospital, Institutional**  **\_\_\_ Office, Professional**  **\_\_\_ Transient Hotel, Motel, Dormitory**  **# of Transient Units = \_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |
| **MUST BE FILLED OUT:**  **ESTIMATED COST OF IMPROVEMENT: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ OWNERSHIP: Private \_\_\_\_\_\_\_ Public \_\_\_\_\_\_\_\_** | | | | | | |
|  | **CHARACTERISTICS OF BUILDING** | | | | |
|  | **CONSTRUCTION TYPE**  \_\_\_ Stick built on site  \_\_\_ Pre-Built Structure  \_\_\_ Manufactured Industrialized  \_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **PRICIPAL TYPE OF FRAME**  \_\_\_ Wood Framed  \_\_\_ Masonry (wall bearing)  \_\_\_ Structural Steel  \_\_\_ Reinforced Concrete  \_\_\_ Other(specify)\_\_\_\_\_\_\_\_\_\_\_ | | **PRINCIPAL ROOF TYPE**  \_\_\_ Asphalt Shingle  \_\_\_ Metal  \_\_\_ Wood  \_\_\_ Rubber  \_\_\_ Other(specify)\_\_\_\_\_\_\_\_\_\_\_ | |
|  | **PARKING SPACES OFF STREET**  \_\_\_ Enclosed Spaces (Garages)  \_\_\_ Outdoor Spaces  \_\_\_ Handicap if required  \_\_\_ Van Accessible if required  \_\_\_ TOTAL | **SEWAGE DISPOSAL**  \_\_\_ Public System  \_\_\_ Private on-site system  Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Permit #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | **SINDING TYPE(S)**  \_\_\_ Vinyl Siding  \_\_\_ Wood Siding  \_\_\_ Metal or Aluminum  \_\_\_ Masonry Brick, Block, Stone, Etc.  \_\_\_ Stucco / Dryvit  \_\_\_ Other(specify)\_\_\_\_\_\_\_\_\_\_\_ | |
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|  | **BUILDING DIMENSIONS**  \_\_\_ Number of Stories  Basement: YES / NO Finished / Unfinished  Attic or other storage area: YES / NO  Total Building Area \_\_\_\_\_\_\_\_\_\_\_sq. ft.  Lot is \_\_\_\_\_\_\_\_\_\_ sq. ft. / \_\_\_\_\_\_\_\_\_ acres  Overall size \_\_\_\_\_\_\_ x\_\_\_\_\_\_\_  Building Height above grade: \_\_\_\_\_\_\_\_ft.  ***ATTACH A PLOT PLAN OF YOUR ENTIRE PROPERTY*** | | | **FLOODPLAN -** Is the site located within an identified flood hazard area? *(Check One)* \_\_\_\_\_ YES \_\_\_\_\_ NO  **WETLANDS -** Is the sire located within an identified wetland area?  *(Check One)* \_\_\_\_\_ YES \_\_\_\_\_ NO  **HISTORICAL AREA -** Is the sire  located within a historical district? *(Check One)* \_\_\_\_\_ YES \_\_\_\_\_ NO  **IS THE SITE LOCATED WITHIN A HOME OWNERS ASSOCIATION COMMUNITY?**  *(Check One)* \_\_\_\_\_ YES \_\_\_\_\_ NO  IF YES to the above question- who is the contact for the association: Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

## Describe in detail your project: (must be complete)

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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The owner of this property and the undersigned agree to conform to all State, federal, and Local Laws and Ordinances of Codorus Township and that by signing this application further states that any misrepresentation of the facts set forth on this application will result in criminal and civil penalties as set forth in the PA Crimes Code Title 18, Sections 4903 and 4904 dealing with false statements. I also certify that the proposed work is authorized by the property owner of record and that

I have been authorized by the owner to make this application as their authorized agent.

I understand permits may be returned by the County or other State and Local agencies and it is my responsibility to obtain any required permits prior to the start of construction. I understand that this application is for Zoning Related work only, and any work requiring inspections or fall under UCC requirements will not be performed under this application.

Signature of applicant/representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name of Owner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name of Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Must Include: PLOT PLAN**

* Property Lines
* Existing Structure(s) On Property
* (If applicable) Location Of Septic System
* Location Of Proposed Structure(s)
* Distance Labeled From Property Lines To Proposed Structure(s)
* Dimensions Of Proposed Structure(s) **AND** Existing Structure(s)
* If Structure is a fence, Height must be labeled.

**Any Missing Information Will Result In The Return Of The Application**

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