

Codorus Township

APPLICATION FOR ZONING/BUILDING PERMIT

If you have questions please contact Simon Schilling at (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.

This application may be emailed to codorustownship@gmail.com or dropped off at the Codorus Township Office. Permit applications are NOT accepted by Commonwealth Code Inspection Service in person or via email.

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 _____

Address: _____

Email: _____

Plumber: _____ Phone: _____ License _____

Electrician: _____ Phone: _____ License _____

HVAC: _____ Phone: _____ License _____

Additional Specialty: _____

Describe in detail your project: (must be complete)

AMENDMENT REQUEST: Yes _____ Permit(s) to be amended _____ No _____		
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 Please state Number of Spaces ☐ 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)_____

UCC and Zoning Permit Application																																								
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*Must meet the exemption requirements of PA Act 45 UCC, or a building permit application is required																																								

MUST BE FILLED OUT: ESTIMATED COST OF IMPROVEMENT: \$ _____ OWNERSHIP: Private _____ Public _____

USE PROPOSED	
Residential Change of Use Created: ☐ YES ☐ NO ☐ Attached ☐ Detached ☐ One-Family Dwelling ☐ Two-Family Dwelling ☐ Multi-Family - # of Units = _____ ☐ Accessory Building ☐ Other _____	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 _____
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.	FLOODPLAIN - Is the site located within an identified flood hazard area? (Check One) _____ YES _____ NO WETLANDS - Is the site located within an identified wetland area? (Check One) _____ YES _____ NO HISTORICAL AREA - Is the site located within a historical district? (Check One) _____ YES _____ NO IS THE SITE LOCATED WITHIN A HOMEOWNERS ASSOCIATION COMMUNITY? (Check One) _____ YES _____ NO IF YES to the above question- who is the contact for the association: Name: _____ Phone #: _____ Email Address: _____

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: _____

ATTACH A PLOT PLAN OF YOUR ENTIRE PROPERTY

Must Include:

- 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

This image shows a full page of blank graph paper. The grid consists of small, equal-sized squares formed by thin black lines. There are 20 columns and 20 rows of squares, creating a total of 400 square units. The grid covers the entire area of the page, leaving no margins or additional markings.