

Codorus Township

APPLICATION FOR ZONING/BUILDING PERMIT

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.

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 <input type="checkbox"/> Stick built on site <input type="checkbox"/> Pre-Built Structure <input type="checkbox"/> Manufactured Industrialized <input type="checkbox"/> Other _____	PRICIPAL TYPE OF FRAME <input type="checkbox"/> Wood Framed <input type="checkbox"/> Masonry (wall bearing) <input type="checkbox"/> Structural Steel <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Other(specify)_____	PRINCIPAL ROOF TYPE <input type="checkbox"/> Asphalt Shingle <input type="checkbox"/> Metal <input type="checkbox"/> Wood <input type="checkbox"/> Rubber <input type="checkbox"/> Other(specify)_____
PARKING SPACES OFF STREET Please state Number of Spaces <input type="checkbox"/> Enclosed Spaces (Garages) <input type="checkbox"/> Outdoor Spaces <input type="checkbox"/> Handicap if required <input type="checkbox"/> Van Accessible if required <input type="checkbox"/> TOTAL	SEWAGE DISPOSAL <input type="checkbox"/> Public System <input type="checkbox"/> Private on-site system Type: _____ Permit #: _____	SINDING TYPE(S) <input type="checkbox"/> Vinyl Siding <input type="checkbox"/> Wood Siding <input type="checkbox"/> Metal or Aluminum <input type="checkbox"/> Masonry Brick, Block, Stone, Etc. <input type="checkbox"/> Stucco / Dryvit <input type="checkbox"/> Other(specify)_____

UCC and Zoning Permit Application	
Type of Work- Check all that apply:	
<input type="checkbox"/> Addition * <input type="checkbox"/> Accessory building (Shed)* <input type="checkbox"/> Under 1000 Sq FT <input type="checkbox"/> Over 1000 Sq Ft <input type="checkbox"/> Agriculture building* <input type="checkbox"/> Deck* <input type="checkbox"/> Less Than 30" Above Grade <input type="checkbox"/> Over 30" Above Grade <input type="checkbox"/> Driveway* <input type="checkbox"/> Create New Driveway <input type="checkbox"/> Extend Existing Driveway <input type="checkbox"/> Pave Existing Impervious Surface <input type="checkbox"/> Doors or Window Replacement Larger than Existing* <input type="checkbox"/> Earth Moving Activities* <input type="checkbox"/> Fence, not for pools* <input type="checkbox"/> Less Than 6' Height <input type="checkbox"/> Greater Than 6' Height <input type="checkbox"/> Garage/ Carport* <input type="checkbox"/> Attached <input type="checkbox"/> Detached	<input type="checkbox"/> Home Occupation* <input type="checkbox"/> Patio or sidewalk* <input type="checkbox"/> Retaining Wall * <input type="checkbox"/> Less than 4' Above Grade <input type="checkbox"/> More than 4' Above Grade <input type="checkbox"/> Sign <input type="checkbox"/> Over 6' in height <input type="checkbox"/> With Electric and/or Footings <input type="checkbox"/> Without Electric and/or Footings Solar Installation <input type="checkbox"/> Ground Mounted <input type="checkbox"/> Roof Mounted <input type="checkbox"/> Structural Repairs/Modifications* <input type="checkbox"/> Swimming Pool* <input type="checkbox"/> Above Ground Permanent <input type="checkbox"/> Above Ground Temporary <input type="checkbox"/> In Ground <input type="checkbox"/> Temporary Structure* <input type="checkbox"/> Other Please Explain in Narritave Section
*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	NON-Residential
Change of Use Created: <input type="checkbox"/> YES <input type="checkbox"/> NO ___ Attached ___ Detached ___ One-Family Dwelling ___ Two-Family Dwelling ___ Multi-Family - # of Units = _____ ___ Accessory Building ___ Other _____ _____	Change of Use Created: <input type="checkbox"/> YES <input type="checkbox"/> 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? <i>(Check One)</i> _____ YES _____ NO WETLANDS - Is the site located within an identified wetland area? <i>(Check One)</i> _____ YES _____ NO HISTORICAL AREA - Is the site located within a historical district? <i>(Check One)</i> _____ YES _____ NO IS THE SITE LOCATED WITHIN A HOMEOWNERS ASSOCIATION COMMUNITY? <i>(Check One)</i> _____ 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

[illegible]