

WEST EARL TOWNSHIP

157 W. Metzler Rd
P.O. Box 787
Brownstown, PA 17508
www.westearltpw.org
Phone: (717) 859-3201
Fax: (717) 859-3499

Office Use Only

Date of Receipt: _____
Permit Number: _____
Zoning District: _____
County Parcel ID Number: 210- _____

APPLICATION FOR ZONING/BUILDING PERMIT

Applicant's Name: _____ Telephone No. _____

Address: _____

Owner's Name: _____ Telephone No. _____

Address: _____

Address of Property: _____

Describe the proposed work to be completed: _____

SPECIFICATIONS

Width of Structure: _____ Depth: _____ Height: _____

Number of Stories: _____ Type of Construction: _____

The Structure will contain _____ sq. ft. of usable floor space.

The complete cost of the structure for which this permit has been applied for is: \$ _____ (required)

West Earl Township Fees	Choose Inspection Agency
Permit Fee:	Select one:
DCED Training Fee:	<input type="checkbox"/> Associated Building Inspections Inc. 717-733-1654
Municipal Fee:	<input type="checkbox"/> Code Administrators, Inc. 717-859-3350
Total Fee:	<input type="checkbox"/> Commonwealth Code Inspection Service, Inc. 717-664-2347

PROVIDE TWO (2) SETS OF SCALED BUILDING AND SITE PLANS WHICH CLEARLY SHOW THE FOLLOWING:

- The dimensions and shape of the lot to be built upon with the location and dimensions (length & width) of all existing buildings on the lot.
- The location and dimensions (length, width & height) of all proposed buildings or additions to buildings and off-street parking and/or loading facilities.
- The setback dimensions for all proposed buildings or additions to buildings, measured from the side and rear property lines and the abutting street centerline.
- The location of sanitary sewer and water supply facilities.
- Construction documents including floor plans & cross section plans.

_____ Date

_____ Applicant's Signature

For Zoning Officer's Use Only

The application is: Approved () Denied ()

_____ Date

_____ Zoning Officer's Signature

West Earl Township Stormwater Management Exemption & Small Project Application

Applicant's Name: _____ Telephone No. _____

Address: _____

Owner's Name: _____ Telephone No. _____

Address: _____

Address of Property: _____

Stormwater Management Submission Type: () Exempt () Small Project/Minor Stormwater Management Plan

<u>Exempt submission:</u>	<u>Small project submission:</u>
Proposed impervious area _____ sq. ft. <i>(stormwater worksheet*)</i>	Proposed impervious area _____ sq. ft. <i>(stormwater worksheet*)</i>
Prior impervious area installed since Jan 1, 2005* _____ sq. ft.	Prior impervious area installed through other small projects* _____ sq. ft.
Total _____ sq. ft. <i>(Must not exceed 1,000 sq. ft.)</i>	Total _____ sq. ft. <i>(Must not exceed 5,000 sq. ft.**)</i>
<i>* Information and/or document may be obtained from the West Earl Township office</i>	
<i>**If project exceeds 5,000 square feet of impervious area a stormwater management plan with approvals will be required</i>	

Property Owner Acknowledgement - I declare that I am the property owner, or authorized representative of the owner, and that the information provided is true and accurate to the best of my knowledge. I understand that stormwater may not adversely affect adjacent properties or be directed onto another property without written permission. I also understand that false information may result in a stop work order or revocation of permits. Municipal representatives are also granted reasonable access to the property for review and/ or inspection of this project if necessary.

Signature _____ Date _____

West Earl Township Receipt

Date Received _____ Fee Submitted _____

West Earl Township Approval

Signature _____ Date _____

Please note that if you are installing between 1,001 and 5,000 square feet of new impervious area then submission of a small project stormwater plan will be required before a building permit will be issued. Please visit the Township's website at www.westearltwp.org to download the small projects stormwater worksheets or contact the office at 717-859-3201 or email datadept@westearltwp.org.

**PERMITS AND APPROVALS WHICH MAY BE REQUIRED
PRIOR TO ISSUANCE OF A UNIFORM CONSTRUCTION CODE PERMIT**

- Zoning permit under Zoning Ordinance.
- Proof of recording of a subdivision and/or land development plan for all nonresidential construction and for construction of any dwelling not on a separate lot of record.
- Highway occupancy permit if property fronts on a highway under the jurisdiction of the Pennsylvania Department of Transportation and a new access or changed access is required.
- Street opening permit if property fronts on a Township street and any street openings are required for installation of underground utilities.
- Permit to connect to and/or expand the use of the public water system if public water supply will be used or proposed construction will result in an expansion of such use.
- Permit to connect to and/or expand the use of the public sewer system if public sewer system will be used or proposed construction will result in an expansion of such use.
- On-lot sewage disposal system permit (where public sewer service is not available) if sewage disposal is required or proposed construction will result in expansion of number of bedrooms (if a dwelling).
- Erosion and sedimentation control plan from the Lancaster County Conservation District.

OTHER INFORMATION

- Your project will be evaluated to confirm compliance with the Zoning Ordinances as adopted by West Earl Township.
- Upon issuance of the Zoning Permit, the permit placard should be posted and visible from the public right-of-way. The inspection schedule should be on site for verification and signature at time of inspections. The permit applicant, and ultimately the owner, is responsible for making arrangements for inspections. Construction must not proceed until each phase has received approval. Please refer to the property address and building permit number when scheduling an inspection.
- Along with the application, a plot plan and any supplemental information must be submitted before the plan will be reviewed.
- Please remember that structures should not be used until a final inspection has been completed. If you have any questions concerning your project, please call the West Earl Township office.

Contractor Listing

PERMIT # _____

General Contractor

Business Name:		
Contact:		Telephone:
Address:		
City:	State:	Zip:
Fax:	Cell:	Office/Other:

Electrical Contractor

Business Name:		
Contact:		Telephone:
Address:		
City:	State:	Zip:
Fax:	Cell:	Office/Other:

Plumbing Contractor

Business Name:		
Contact:		Telephone:
Address:		
City:	State:	Zip:
Fax:	Cell:	Office/Other:

HVAC Contractor

Business Name:		
Contact:		Telephone:
Address:		
City:	State:	Zip:
Fax:	Cell:	Office/Other:

Contractor

Business Name:		
Contact:		Telephone:
Address:		
City:	State:	Zip:
Fax:	Cell:	Office/Other:

Workers' Compensation Insurance Coverage Information

A. THE APPLICANT IS

A contractor within the meaning of the Pennsylvania Worker's Compensation Law

Yes No

B. INSURANCE INFORMATION

Name of Applicant: _____

Federal or State Employer Identification Number: _____

Applicant is a qualified self-insurer for worker's compensation

Certificate attached

Name of Worker's Compensation Insurer: _____

Worker's Compensation Insurance Policy Number: _____

Certificate attached

Policy Expiration Date: _____

C. EXEMPTION

(Complete Section C if the applicant is a contractor claiming exemption from providing workers' compensation insurance.)

The undersigned swears or affirms that he/she is not required to provide workers' compensation insurance under the provisions of Pennsylvania's Workers' Compensation Law for one of the following reasons as indicated:

Contractor with no employees. Contractor is prohibited by law from employing any individual to perform work pursuant to this building permit unless contractor provides proof of insurance to the Township.

Religious exemption under the Workers' Compensation Law.

Subscribed and sworn before me this _____

Day of _____, 20 _____ (seal)

(Signature of Notary Public)

My Commission Expires: _____

Signature of Applicant: _____

Address: _____

County of: _____

Municipality: _____