



# WEST EARL TOWNSHIP BOARD OF SUPERVISORS

Dave Thornton, Chairman · John Ford, Vice Chairman  
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157 W. Metzler Road · P.O. Box 787 Road · Brownstown, PA 17508  
Phone: (717) 859-3201 · Fax: (717) 859-3499

## ZONING PERMIT AND INSPECTION PROCESS

### § 184-51. Zoning permits.

A zoning permit shall be required prior to a change in use of land or buildings or the commencement of excavation for, or the erection, construction, relocation or alteration of any building, structure or sign or any portion thereof. No permit shall be required for repairs or maintenance of any building, structure or grounds, provided that such repairs do not change the use or otherwise violate the provisions of the Zoning Ordinance or any other applicable ordinance, statute or regulation. [**Amended 11- 17-1987 by Ord. No. 67; 5-14- 1990 by Ord. No. 82**]

1. Homeowner or contractor submits the completed Zoning Permit Application.
2. Stake-off (or mark using white construction paint) the area where the structure will be constructed or installed.
3. Once the area is staked-off (or marked using white construction paint), contact the Zoning Officer to schedule an inspection at 717-859-3201 or email [sservice@westearltwp.org](mailto:sservice@westearltwp.org). Please provide at least 24-hours' notice.
4. The Zoning officer will visit the property at the scheduled time to:
  - Confirm the size is as stated on the permit application.
  - Confirm the placement is as stated on the permit application.
  - Confirm the structure will not be in a stormwater easement, floodplain, or utility easement.
5. When the project passes the inspection the zoning permit will be issued. The applicant must start the project within 6 months. The zoning permit is valid for two years as long as construction continues during this time.
6. When the project is complete, contact the Zoning Officer for the final inspection. The Zoning Officer will verify that the size and placement of the structure matches the approved plans submitted with the application.
7. After the final inspection, a Certificate of Compliance will be issued and mailed to the Applicant.

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**Office Use Only**

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

**APPLICATION FOR ZONING PERMIT**

**This application must be filled-out completely. An incomplete application will not be processed.**

Applicant's Name: \_\_\_\_\_ Telephone No. \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Telephone No. \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Address of Property: \_\_\_\_\_

Describe the proposed improvements: \_\_\_\_\_

\_\_\_\_\_

Describe the proposed use of the improvements: \_\_\_\_\_

Is the proposed work in or adjacent to an identified floodplain area? \_\_\_\_\_

Are there any easements on the property (stormwater, sewage, utility, etc.)? \_\_\_\_\_

**SPECIFICATIONS**

Length of Structure: \_\_\_\_\_ Width: \_\_\_\_\_ Height: \_\_\_\_\_

Type of Construction: \_\_\_\_\_ The Structure will contain \_\_\_\_\_ sq. ft. of usable floor space.

Approximate Date of completion: \_\_\_\_\_ The complete cost of the improvements: \$ \_\_\_\_\_ (required)

**PROVIDE TWO (2) SETS OF 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. (Page 2 of this application may be used to draw the site plan)
- 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.
- For AG projects provide a copy of the Conservation Plan.

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Applicant's Signature**

*Do not write below this line*

<b>West Earl Township Fees</b>	<b>Inspections*</b>
Permit Fee:	<i>Inspections by the zoning officer will be required if a zoning permit is issued</i>
DCED Training Fee:	<input type="checkbox"/> Initial Inspection (before proposed improvements) Date:
Municipal Fee:	<input type="checkbox"/> Final Inspection Date:
<b>Total Fee:</b>	<input type="checkbox"/> Certificate of Use/Occupancy Issued Date:

**For Zoning Officer's Use Only**

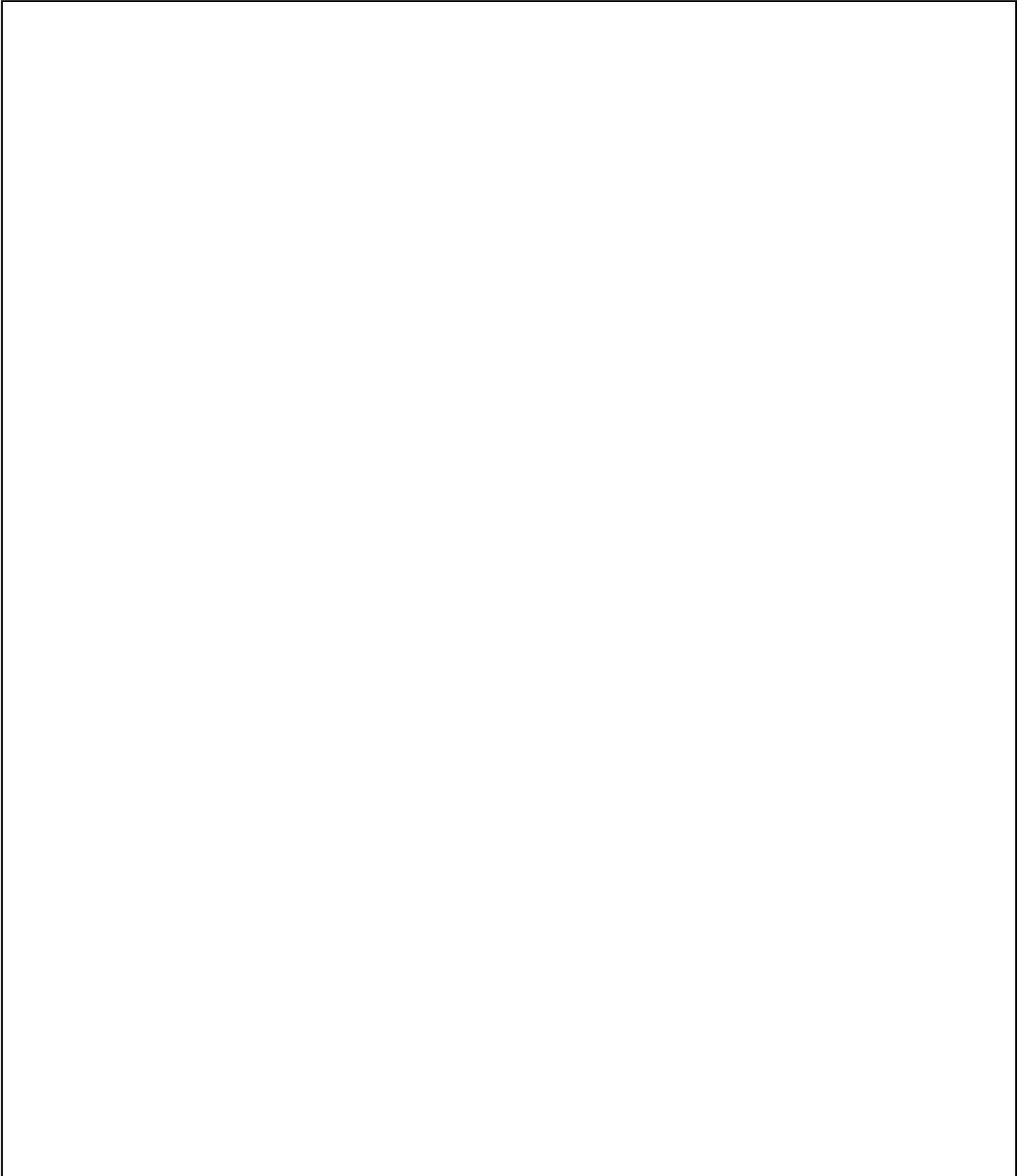
The application is: Approved ( ) Denied ( )

\_\_\_\_\_  
Date

\_\_\_\_\_  
Zoning Officer's Signature

### **SITE PLAN**

The site plan should show the lot size, existing and planned structures, existing and planned driveways and parking areas, interior and exterior storage areas, and all significant features such as flood plains, wetlands, easements, and drainage ways shall be submitted with this application.



**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>
<b>Proposed impervious area</b> _____ sq. ft. <i>(stormwater worksheet*)</i>	<b>Proposed impervious area</b> _____ sq. ft. <i>(stormwater worksheet*)</i>
<b>Prior impervious area installed since Jan 1, 2005*</b> _____ sq. ft.	<b>Prior impervious area installed through other small projects*</b> _____ sq. ft.
<b>Total</b> _____ sq. ft. <i>(Must not exceed 1,000 sq. ft.)</i>	<b>Total</b> _____ sq. ft. <i>(Must not exceed 5,000 sq. ft.**)</i>

\* Information and/or document may be obtained from the West Earl Township office  
 \*\*If project exceeds 5,000 square feet of impervious area a stormwater management plan with approvals will be required

**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.westearltpw.org](http://www.westearltpw.org) to download the small projects stormwater worksheets or contact the office at 717-859-3201 or email [datadept@westearltpw.org](mailto:datadept@westearltpw.org).**