

Drumore Township

1675 Furniss Road
Drumore, PA 17518

Application for a Building/Zoning Permit

Application Type: Zoning Permit Building and Zoning Permit

Third Party Plan Review and Code Inspection Agency	TOWNSHIP USE ONLY
COMMONWEALTH CODE INSPECTION SERVICE	Base Fee: \$ _____
Attn: Pete Kingsley	UCC Administrative Fee: \$ _____
1760 Pioneer Road	UCC Training Fee: \$ _____
Lancaster, PA 17602	Certificate of Occupancy: \$ _____
Phone: (717) 278-0964	Other(_____): \$ _____
Fax: (717) 664-4953	Total \$ _____
	Received Date: _____
	Complete Date: _____
	Issue Date: _____

PERMIT NUMBER: _____ (To Be Completed by Township BCO)

TAX PARCEL ACCOUNT NUMBER: 170- _____ **ZONING DISTRICT:** _____

APPLICANT

Name of Applicant _____
Address of Applicant _____ City _____ Zip code _____
Phone # _____ Email _____

OWNER OF RECORD

Name of Owner _____
Address of Owner _____ City _____ Zip code _____
Phone # _____ Email _____

PROJECT INFO

New Building Addition Alteration Repair Demolition Relocation
 Foundation Only Change of Use Plumbing Mechanical Electrical

Location of Project _____
Brief Description of Project _____

Cost of Construction _____
Height _____ Length _____ Width _____ Total Square Feet (L x W) _____
Proposed Impervious _____ square feet
Proposed Earth Disturbance _____ square feet

The applicant certifies that all information on this application is correct and the work will be completed in accordance with the "approved" construction documents and PA Act 45 (Uniform Construction Code) and any additional approved building code requirements adopted by the Municipality. The property owner and applicant assume the responsibility of locating all property lines, setback lines, easements, rights-of-way, flood areas, etc. Issuance of a permit and approval of construction documents shall not be construed as authority to violate, cancel or set aside any provisions of the codes or ordinances of the Municipality or any other governing body. The applicant certifies he/she understands all the applicable codes, ordinances and regulations.

Application for a permit shall be made by the owner or lessee of the building or structure, or agent of either, or by the registered design professional employed in connection with the proposed work.

I hereby authorize the designated Township officials to enter on the property and to investigate, inspect, and examine the Property set forth herein, including land and structures, to determine compliance with the Construction Code and to determine the accuracy of the statements contained herein.

I am aware that I cannot commence excavation or construction until the Township has issued a Building or Zoning Permit. By signing this Application, I certify that all facts in the Applicant and all accompanying documentation are true and correct. This Application is being made by me to induce official action on the part of the Township, and I understand that any false statements made herein are being made subject to the penalties of 18 Pa. C.S. §4904 relating to unsworn falsification to authorities.

I expressly acknowledge that the issuance of a Building or Zoning Permit is based upon the facts stated and representations made in this Application. I expressly acknowledge that the Township may revoke a Building or Zoning Permit if the use and/or structure for which it has been issued violate any applicable Township, County, State or Federal law or regulation. I also expressly acknowledge that the Township may revoke a Building or Zoning Permit if it has been issued in error or if issuance was based upon any misrepresentations or errors contained in the Application or otherwise made by the Applicant.

I acknowledge that the holder of a Building or Zoning Permit is responsible to insure compliance with all applicable Township Ordinances during and at completion of the work authorized by the Permit. I acknowledge that the Township requires a final inspection be performed by the construction code official and that the Township issue a certificate of occupancy before the structure which is authorized by this permit may be occupied. It is my responsibility to insure that this inspection is scheduled and the certificate of occupancy obtained before the structure may be occupied. I acknowledge that if I occupy or permit the occupancy of this structure prior to the issuance of a certificate of occupancy under the Construction Code, I will have committed a violation of the Construction Code and will be subject to the penalties and remedies in the Construction Code Ordinance. I also acknowledge that, if the structure is occupied prior to the final inspection, work may have to be removed and re-executed in order that it may be adequately inspected. If the Township is required to perform an inspection after the structure is occupied, intending to be legally bound hereby, I agree to pay the fee established by the Township for delinquent inspections.

Nothing contained in this Application shall be construed to relieve or limit the obligations of the Applicant to comply with all provisions of the Zoning Ordinance or to waive violations of the Zoning Ordinance or any other Township ordinances or to stop the Township from enforcing Township ordinances, including but not limited to the Zoning Ordinance. I expressly acknowledge that permits and certificates of use and occupancy may be required under the Zoning Ordinance and it is my obligation to obtain all permits and approvals the Zoning Ordinance requires before the structure, which is authorized by the Building Permit, may be occupied.

**SIGNATURE
REQUIRED**

Applicant's Signature _____	Date _____
Owner's Signature _____ (if different from Applicant)	Date _____

If the applicant is a contractor:

1. A contractor within the meaning of Act 44 of the Pennsylvania Workers' Compensation Law

Yes No

If the answer is Yes, complete Sections A **OR** B below, as appropriate

A. Insurance Information:

Name of Applicant _____

Federal or State Employer Identification Number _____

Applicant is a qualified self-insurer for Workers' Compensation

Certificate attached

Name of Workers' Compensation Insurer _____

Workers' Compensation Insurance Policy Number _____

Workers' Compensation Insurance Policy Expiration Date _____

--OR--

B. Exemption:

Contractor is not required to provide Workers' Compensation Insurance under the provisions of Pennsylvania Workers' Compensation Law for one of the following reasons, as indicated:

Contractor with no employees. Contractor 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.

For Commercial Applications:

Design Professional of Record (Required for Commercial Applications)

Name: _____

Address: _____

Telephone: _____ FAX: _____

Certification or Registration: _____

NOTE:

All permit applications shall be returned to:

Solanco Engineering Associates, LLC

103 Fite Way, Suite C

Quarryville, PA 17566

Phone: (717) 786-0355

Fax: (717) 786-8030

Email: Jill@solancoengineering.com

SKETCH PLAN

**PLEASE SHOW IMPROVEMENT PROPOSED AND DIMENSIONS TO PROPERTY LINES AND CENTERLINE
OF ROADWAY**