

# Drumore Township

1675 Furniss Road  
Drumore, PA 17518

## Commercial Application for a Building/Zoning Permit

Third Party Plan Review and Code Inspection Agency	TOWNSHIP USE ONLY
<input type="checkbox"/> Code Administrators, Inc. Attn: Jason Stevens 4340 Oregon Pike Ephrata, PA 17522 Phone: 717-859-3350 E-mail: j_stevens@codeadministrators.com	Base Fee: \$ _____ UCC Administrative Fee: \$ _____ UCC Training Fee: \$ _____ Certificate of Occupancy : \$ _____ Township Filing Fee: \$ _____ Other(_____): \$ _____ <b>Total</b> \$ _____  Received Date: _____ Complete Date: _____ Issue Date: _____

PERMIT NUMBER: \_\_\_\_\_ (To Be Completed by Township BCO)

TAX PARCEL ACCOUNT NUMBER: 170 - \_\_\_\_\_ ZONING DISTRICT: \_\_\_\_\_

### SITE INFORMATION

Project Name _____
Street Address _____
City _____ Zip Code _____

### 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 _____

### APPLICATION TYPE AND USE

<input type="checkbox"/> Accessibility Only Review	Use/Occupancy Classification _____
<input type="checkbox"/> Alteration or Renovation	_____
<input type="checkbox"/> New Structure or Facility	_____
<input type="checkbox"/> Plan Revision	_____
<input type="checkbox"/> Unapproved Existing Building	Type of Construction _____
<input type="checkbox"/> New Building	_____

**PROJECT  
INFO**

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

**DESIGN  
PROFESSIONAL**

Name _____ Seal (required)
Address _____ _____
PA License # _____
Email _____
Phone _____

**ALL APPLICATIONS MUST BE SUBMITTED WITH:**

- 3 sets of stamped construction drawings
- A site plan that includes distances to all property lines
- Accessibility information (parking, accessible route)
- Signature of property owner

**ANY APPLICATION WITH MISSING INFORMATION OR REQUIRED DOCUMENTS  
WILL BE RETURNED AS INCOMPLETE.**

**The holder of a building/zoning permit is responsible to insure compliance with all applicable Township Ordinances during and at completion of the work authorized by the permit. The holder of the building/zoning permit acknowledges that the Township requires a final inspection be performed by the Building Inspector/Zoning Officer and that the Building Code Official/Zoning Officer issue a certificate of use and occupancy before the structure which is authorized by this permit may be occupied. Occupancy of a structure prior to the issuance of a certificate of use and occupancy constitutes a violation.**

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/or Zoning Ordinance 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 and/or Zoning Ordinance, 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 \_\_\_\_\_ Date \_\_\_\_\_  
(if different from Applicant)

**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.

---

**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**

# Code Administrators, Inc.

**18 YEARS OF SERVICE WITH INTEGRITY**

LANCASTER      CODEADMINISTRATORS.COM      YORK  
4340 OREGON PIKE      116 HELLAM STREET  
EPHRATA, PA 17522      WRIGHTSVILLE, PA 17368  
T:717-859-3350 F:717-859-3363      T:717-755-9120 F:717-755-9135

## Application for Commercial Building Permit and Plans Examination

Please note that the following are required to be submitted with this application:

- Three (3) Sets of Site Plans
- Three (3) Complete Sets of Stamped & Signed Construction Drawings
- Three (3) Sets of Specifications

### Property Information

Project Address	City	Zip	
Owner's Name	Phone	Fax	Email
Owner's Address	City	State	Zip

### Scope of Project

Description of Work: \_\_\_\_\_

Cost of Construction	Square Feet	Stories Above Grade	Stories Below Grade						
Check <u>ALL</u> That Apply:									
<input type="checkbox"/> New Building	<input type="checkbox"/> Addition	<input type="checkbox"/> Interior Alterations	<input type="checkbox"/> Exterior Alterations						
<input type="checkbox"/> Change in Use	<input type="checkbox"/> Accessibility	<input type="checkbox"/> Change in Occupancy	<input type="checkbox"/> Fire Sprinkler System						
<input type="checkbox"/> HVAC	<input type="checkbox"/> Plumbing	<input type="checkbox"/> Electrical	<input type="checkbox"/> Fire Alarm System						
<input type="checkbox"/> Sign	<input type="checkbox"/> Demolition	<input type="checkbox"/> Foundation Only	<input type="checkbox"/> Roof						
Construction Type:	IA	IIA	IIIA	VA	IV	IB	IIB	IIIB	VB
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use Group:	A-1	A-2	A-3	A-4	A-5	B	E	F-1	F-2
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	H-1	H-2	H-3	H-4	H-5	I-1	I-2	I-3	I-4
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	M	R-1	R-2	R-3	R-4	S-1	S-2	U	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**FOR OFFICIAL USE ONLY**



**Contractor Information****(If not needed for project, write N/A)**

## General Contractor:

Company Name	Phone	Fax	
Address	City	State	Zip
Contact	Email	Cell	

## Electrical Contractor:

Company Name	Phone	Fax	
Address	City	State	Zip
Contact	Email	Cell	

## HVAC Contractor:

Company Name	Phone	Fax	
Address	City	State	Zip
Contact	Email	Cell	

## Plumbing Contractor:

Company Name	Phone	Fax	
Address	City	State	Zip
Contact	Email	Cell	

## Fire Alarm Contractor:

Company Name	Phone	Fax	
Address	City	State	Zip
Contact	Email	Cell	

## Fire Sprinkler Contractor:

Company Name	Phone	Fax	
Address	City	State	Zip
Contact	Email	Cell	

**Applicant Certification**

**This Section MUST be Fully Completed.**

As the owner, lessee, design professional employed in connection with the proposed work or agents thereof, I certify that:

- All information provided on and with this application is true and correct and that 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;
- I understand that this permit is valid for one (1) year after its issuance by the Municipality;
- I understand that this permit shall become invalid unless the authorized construction work begins within 180 days of this permit’s issuance or if the authorized construction work is stopped for a period longer than 180 days;
- I understand that no work may be started, or continued, unless a permit is issued by, and the fees paid to, the Municipality;
- I understand that, once issued, a copy of this permit will remain on the work site until the completion of this project;
- I understand that a Building Permit Placard shall be placed on the property visible from the street;
- I am responsible for locating all property lines, setback lines, casements, rights-of-way, flood areas, etc.;
- I understand that the 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;
- I understand all applicable codes, ordinances and regulations;
- Any changes to the approved documents will be submitted in writing and these changes will not occur until they have been reviewed and approved;
- I understand that Code Administrators, Inc., or their authorized representative, shall have the authority to enter areas covered by this permit at any reasonable hour to enforce the provisions of the codes applicable to this permit;
- I understand that I am required to apply for any required Zoning Permits;
- I understand that I am responsible for any plan review fees or any additional inspections fees, which may be required during construction, that were not identified during the initial permit approval; and,
- I understand that all fees must be paid in full before a Certificate of Use and Occupancy can be issued. Should I decide to cancel the project, I agree that I am responsible for any fees incurred in the reviewing process.

---

Applicant Printed Name	Phone	Email
------------------------	-------	-------

---

Address	City	State	Zip
---------	------	-------	-----

---

Applicant Signature	Date
---------------------	------