

Codorus Township

APPLICATION FOR ZONING/BUILDING PERMIT

All applicable information must be filled out or the application may be denied.

This application may be 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 _____

CONSTRUCTION TYPE	PRINCIPAL TYPE OF FRAME	PRINCIPAL ROOF TYPE
<input type="checkbox"/> Stick built on site <input type="checkbox"/> Pre-Built Structure <input type="checkbox"/> Manufactured Industrialized <input type="checkbox"/> Other _____	<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) _____	<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	SEWAGE DISPOSAL	SIDING TYPE(S)
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 TOTAL	<input type="checkbox"/> Public System <input type="checkbox"/> Private on-site system Type: _____ Permit #: _____	<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"/> Home Occupation*
<input type="checkbox"/> Accessory building (Shed)*	<input type="checkbox"/> Patio or sidewalk*
<input type="checkbox"/> Under 1000 Sq FT	<input type="checkbox"/> Retaining Wall *
<input type="checkbox"/> Over 1000 Sq Ft	<input type="checkbox"/> Less than 4' Above Grade <input type="checkbox"/> More than 4' Above Grade
<input type="checkbox"/> Agriculture building*	<input type="checkbox"/> Sign
<input type="checkbox"/> Deck*	<input type="checkbox"/> Over 6' in height <input type="checkbox"/> With Electric and/or Footings <input type="checkbox"/> Without Electric and/or Footings
<input type="checkbox"/> Driveway*	<input type="checkbox"/> Solar Installation
<input type="checkbox"/> Create New Driveway	<input type="checkbox"/> Ground Mounted
<input type="checkbox"/> Extend Existing Driveway	<input type="checkbox"/> Roof Mounted
<input type="checkbox"/> Pave Existing Impervious Surface	<input type="checkbox"/> Structural Repairs/Modifications*
<input type="checkbox"/> Doors or Window Replacement Larger than Existing*	<input type="checkbox"/> Swimming Pool*
<input type="checkbox"/> Earth Moving Activities*	<input type="checkbox"/> Above Ground Permanent <input type="checkbox"/> Above Ground Temporary <input type="checkbox"/> In Ground
<input type="checkbox"/> Fence, not for pools*	<input type="checkbox"/> Temporary Structure*
<input type="checkbox"/> Less Than 6' Height	<input type="checkbox"/> Other Please Explain in Narrative Section
<input type="checkbox"/> Greater Than 6' Height	
<input type="checkbox"/> Garage/ Carport*	
<input type="checkbox"/> Attached	
<input type="checkbox"/> Detached	

*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

<p>Residential</p> <p>Change of Use Created: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>Attached _____ Detached _____</p> <p>One-Family Dwelling _____</p> <p>Two-Family Dwelling _____</p> <p>Multi-Family - # of Units = _____</p> <p>Accessory Building _____</p> <p>Other _____</p>	<p>NON-Residential</p> <p>Change of Use Created: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>Industrial _____</p> <p>Commercial _____</p> <p>Service Station, Repair Garage _____</p> <p>Hospital, Institutional _____</p> <p>Office, Professional _____</p> <p>Transient Hotel, Motel, Dormitory _____</p> <p># of Transient Units = _____</p> <p>Other _____</p>
<p>BUILDING DIMENSIONS</p> <p>Number of Stories _____</p> <p>Basement: YES / NO _____</p> <p>Finished / Unfinished _____</p> <p>Attic or other storage area: YES / NO _____</p> <p>Total Building Area _____ sq. ft.</p> <p>Lot is _____ sq. ft./ _____ acres</p> <p>Overall size _____ x _____</p> <p>Building Height above grade: _____ ft.</p> <p>FLOODPLAIN - Is the site located within an identified flood hazard area? (Check One) _____ YES _____ NO</p> <p>WETLANDS - Is the site located within an identified wetland area? (Check One) _____ YES _____ NO</p> <p>HISTORICAL AREA - Is the site located within a historical district? (Check One) _____ YES _____ NO</p> <p>IS THE SITE LOCATED WITHIN A HOMEOWNERS ASSOCIATION COMMUNITY? (Check One) _____ YES _____ NO</p> <p>IF YES to the above question- who is the contact for the association: Name: _____ Phone #: _____ Email Address: _____</p>	

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