

# HEIDELBERG TOWNSHIP

6424 York Road, Spring Grove PA 17362

Phone 717-225-6606

Fax 717-225-6877

## RECEIPT

Date July 9, 2016

Permit Number 1036-16

Property Owner's Name Menges Mills Management

Address 5930 Colonial Valley Road

Spring Grove PA 17362

Building Dimension (size)

House

Garage Attached  Detached

Barn  Swimming Pool

Addition to existing

Other Concrete Deck, Shower, Bathrooms and Ramp

Estimated Cost \$

Inspection/Plan Review \$ 569.00

Storm Water Management \$

Driveway \$

Permit \$ 50.00

Recreation Fee \$

Zoning Hearing \$

Ordinance Book \$

**TOTAL** \$ **619.00**

Permits are required if the property is \$1,000.00 or more. Permits are good for one (1) year.  
Upon completion call the office and leave your name and permit number. Storm water management  
Plans are required if the project is one thousand (1,000) square feet or more on lease than three (3) acres.

CHECK NO. TWP #1122 CCIS #1121 Normal Markle

DATE PAID 7-8-16 ZONING OFFICER

# Commonwealth Code Inspection Service, Inc.

40 W. 11th. Ave., Suite F  
York, Pa. 17404

717-846-2004 Phone  
717-846-2294 Fax  
pete8@codeservices.net

## APPROVED PLAN REVIEW

**PLAN NUMBER** 1036-16

**DATE APPROVED** 6/30/2016

**PROJECT MUNICIPALITY** Heidelberg Township

**PROJECT ADDRESS** 5930 Colonial Valley Rd.

**PROJECT DESCRIPTION** construct a concrete deck, shower, bathrooms and a ramp

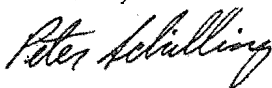
**OWNER** Kimberly L Yates/Menges Mill Mgmt

The above referenced project construct a concrete deck, shower, bathrooms and a ramp has been reviewed in accordance with the Pa. UCC and found to be generally in conformance with the referenced model building codes. I recommend that a Building Permit should be issued to the applicant. I have the following comments that should be noted on the Permit:

1. Fire extinguishers shall be installed per NFPA 10; installation shall be field evaluated for code conformance.
2. Accessibility shall be field verified as conforming with IBC 2009 Chapter 11 and ANSI A117.1-2009.
3. All work, whether or not shown on the construction documents shall comply with the Pa. UCC (IBC and IRC as referenced). Work not shown will be field checked to determine compliance. Construction documents shall be on site at time of inspection; if not the inspection may be failed, at the discretion of the inspector, for failure to have them available for reference purpose.

*Please call me if you have any Questions.*

*Thank You,*



Plan Reviewer

Page 1 of 1

**Heidelberg Township**  
**BUILDING PERMIT**

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**PERMIT NUMBER 1036-16**

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**PERMIT DATE** 6/30/2016 **PERMIT EXPIRATION DATE** 6/30/2017

**OWNER** Kimberly L Yates/Menges Mill Mgmt

**PROJECT ADDRESS**

**5930 Colonial Valley Rd.**

**PROJECT COUNTY** York

**USE GROUP** A3 **CONSTRUCTION TYPE** 5B ☐ **SPRINKLER** ☒ **COMMERCIAL**

**APPLICABLE CODE-YEAR** IBC 2009 **ANSI A117.1** 2003 ☐ 2009 ☒

**ENERGY CODE:** ☐ IRC Energy ☐ IECC Energy ☐ Rescheck/Comcheck ☐ Pa. Alt. Energy Code

**THIS IS A PERMIT TO:**

construct a concrete deck, shower, bathrooms and a ramp

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A Permit to construct a concrete deck, shower, bathrooms and a ramp at 5930 Colonial Valley Rd. has been granted according to the Municipal Building Code of Heidelberg Township. This Permit has been granted to the property owner under the condition that work on this project shall conform to the Municipal Building Code of Heidelberg Township and the Pennsylvania Uniform Construction Code, (IBC 2009 IBC 2015 CHAPTER 11 edition), the submitted and approved Constructin Documents, and all other applicable Laws and Regulations. Futhermore, the Owner shall be responsible for insuring that all required inspections are scheduled and performed and that right of entry, for inspection purposes, shall be granted to the appropriate Code Inspection and Enforcement Authorities. Access shall be granted during normal business hours in accordance with the Pennsylvania Uniform Construction Code.

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I have read this Permit, the inspection check list, and any notes or addendums on or attached to the Permit and/or Submitted Construction Documents. I understand the obligations, as well as the privledges granted by this permit and agree, by adding my signature, that the work shall be performed in accordance with applicable Codes.

*Peter Schilling*

6/30/2016

Building Code Official or Authorized Agent

Date

*Margaret A. Stess*

7/9/2016

Owner or Authorized Agent

Date

Permit Is Not Valid Until Signed

# ***Commonwealth Code Inspection Service, Inc.***

40 W. 11th. Ave., Suite F  
York, Pa. 17404

717-846-2004 Phone  
717-846-2294 Fax  
pete8@codeservices.net

## ***Plan Review and Inspection Invoice***

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**PERMIT NUMBER** 1036-16

**PERMIT DATE** 6/30/2016

**COMMERCIAL** ☒

**PERMIT NOTES**

construct a concrete deck, shower, bathrooms and a ramp

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**OWNER** Kimberly L Yates/Menges Mill Mgmt  
5930 Colonial Valley Rd  
Spring Grove, Pa. 17362

**OWNER PHONE**

**PROJECT ADDRESS** 5930 Colonial Valley Rd.

**PROJECT MUNICIPALITY** Heidelberg Township

**PLAN REVIEW FEE** \$50.00

**INSPECTION FEE** \$500.00

**PA. STATE FEES** \$4.00

**ADMINISTRATIVE FEE:** \$15.00

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**TOTAL= 569**

All plan review fees, inspection fees, municipal fees and state fees shall be paid at time of permit issue. Failure to pay account may result in permit revocation and shall result in denial of final approval and a delay in occupancy. Noted inspections may be waived or additional inspections may be required, at the discretion of the Code Official, as deemed necessary in order to insure Code Compliance. 5

# Commonwealth Code Inspection Service, Inc.

40 W. 11th. Ave., Suite F  
York, Pa. 17404

717-846-2004 Phone  
717-846-2294 Fax  
pete8@codeservices.net

## LIST OF REQUIRED INSPECTIONS

**FOLLOWING IS A LIST OF INSPECTIONS THAT WOULD ORDINARILY BE REQUIRED FOR A PROJECT OF THIS TYPE. IT IS THE RESPONSIBILITY OF THE OWNER/CONTRACTOR TO VERIFY THAT ALL INSPECTION STAGES HAVE BEEN APPROVED PRIOR TO PROCEEDING TO THE NEXT PHASE OF THE PROJECT. PLEASE CONTACT YOUR INSPECTOR AT 717-846-2004 IF YOU HAVE ANY QUESTIONS ABOUT THE INSPECTION PROCESS. ESTIMATED NUMBER OF INSPECTIONS IF APPLICABLE: 5**

**PLAN NUMBER** 1036-16

**OWNER NAME** Kimberly L Yates/Menges Mill Mgmt

**PROJECT ADDRESS** 5930 Colonial Valley Rd.

### ORDINARY INSPECTIONS

- ☒ **FOOTING**-after excavation, forming, and placement of grade stakes. Prior to pouring concrete.
- ☐ **FOUNDATION** - After construction of foundation, waterproofing or damp-proofing as required, after placement of drain tile, stone filter fabric. Prior to backfilling.
- ☒ **FRAMING**- Following complete framing, rough plumbing, rough electrical, rough mechanical rough sprinkler and prior to installing insulation or covering.
- ☐ **ELECTRICAL SERVICE** - Following installation of service equipment and entrance conductors and prior to utility connection
- ☐ **ELECTRICAL UNDERGROUND** - Following installation of any conductors, conduits, etc. and prior to covering
- ☒ **ELECTRICAL ROUGH-IN** - Following installation of all conductors, outlets, etc. and prior to covering.
- ☒ **ELECTRICAL FINAL**- Following completed installation of all related equipment and prior to occupancy.
- ☒ **PLUMBING UNDERGROUND** - Following installation of building drains and water service piping and prior to covering.
- ☒ **PLUMBING ROUGH-IN** - Following installation of all drains, wastes, vents, water distribution, and mechanical systems and prior to covering.
- ☒ **PLUMBING FINAL** - Following completed installation of all related equipment and prior to occupancy
- ☐ **MECHANICAL UNDERGROUND** - Following installation of ducts and piping and prior to covering.
- ☐ **MECHANICAL ROUGH-IN** - Following installation of all ducts, piping systems and mechanical systems and prior to covering
- ☐ **MECHANICAL FINAL** - Following completed installation of all related equipment and prior to occupancy
- ☐ **ENERGY UNDERGROUND** - After installation of foundation/slab insulation and prior to covering
- ☐ **ENERGY ROUGH-IN** - Following installation of insulating material, firestopping and draftstopping. Prior to covering.
- ☐ **ENERGY FINAL** - After installation of all energy conservation components, systems, labeling and testing.
- ☒ **DRYWALL**- During installation, as required, to verify construction meeting a UL design for the required rating.

- ☒ **FINAL** - Following completion of all construction trades and prior to receiving certificate of occupancy. Use or Occupancy of any type is not authorized until after Certificate is issued.
- ☐ **CONCRETE** - After forming and prior to pouring
- ☐ **MASONRY** - Periodic inspection of masonry vapor barrier, reinforcement, and ties.
- ☐ **REINFORCEMENT** - After installation of any required masonry/concrete reinforcement and prior to covering
- ☒ **ACCESSIBILITY** - Periodic and final inspections to verify universal accessibility per the Pa. UCC, IBC Chapters 10 and 11, and ANSI A117.1
- ☐ **SPRINKLER UNDERGROUND** - Following installation of sprinkler service piping and thrust block, and prior to covering.
- ☐ **SPRINKLER ROUGH-IN** - Following installation of all distribution, branch piping and standpipes. Sprinkler systems shall be tested in accordance with NFPA 13 (200# for 2 hours) and tests shall be scheduled 48 hours in advance.
- ☐ **SPRINKLER FINAL** - Following completed installation of all related equipment and prior to occupancy.
- ☐ **FIRE ALARM** - During and following installation and testing of systems.
- ☐ **SPECIAL INSPECTIONS** - Special inspections required by the Pa. UCC, ICC Codes, Construction Documents, or Contract Documents shall be arranged by the Permit Holder or Agent and the results shall be submitted to CCIS for verification and evaluation.

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### ***INSPECTION NOTES***

1. Fire extinguishers shall be installed per NFPA 10; installation shall be field evaluated for code conformance.
2. Accessibility shall be field verified as conforming with IBC 2009 Chapter 11 and ANSI A117.1-2009.
3. All work, whether or not shown on the construction documents shall comply with the Pa. UCC (IBC and IRC as referenced). Work not shown will be field checked to determine compliance. Construction documents shall be on site at time of inspection; if not the inspection may be failed, at the discretion of the inspector, for failure to have them available for reference purpose.

*Those inspections annotated with a check mark are a required inspection for the work permitted. Noted inspections may be waived or additional inspections may be required, at the discretion of the Code Official, as deemed necessary in order to insure Code Compliance. Inspection approval must be obtained for the work currently complete before proceeding to the next step of construction listed in order for each trade.*

*All inspections will be conducted by Commonwealth Code Inspection Service, with the exception of special inspections required by the Pa. UCC and/or IBC Chapter 17; or as otherwise directed by the authority having jurisdiction. Special inspections shall be performed per the Pa. UCC and/or IBC Chapter 17. The applicant or authorized representative must request all regular inspections directly through Commonwealth Code Inspection Service, Inc. with at least 24 hours notice. Same day service may be provided if calls are received before 8:00 AM. Telephone 717-846-2004*

# HEIDELBERG TOWNSHIP

6424 York Road, Spring Grove PA 17362

Phone 717-225-6606

Fax 717-225-6877

## RECEIPT

Date May 25, 2016

Permit Number 0717-16

Property Owner's Name Menges Mills Management

Address 5930 Colonial Valley Road

Spring Grove PA 17362

Building Dimension (size)

House \_\_\_\_\_

Garage Attached \_\_\_\_\_ Detached \_\_\_\_\_

Barn \_\_\_\_\_ Swimming Pool 19x26

Addition to existing \_\_\_\_\_

Other \_\_\_\_\_

Estimated Cost \$ 40,000.00

Inspection/Plan Review \$ 719.00

Storm Water Management \$ \_\_\_\_\_

Driveway \$ \_\_\_\_\_

Permit \$ 181.00

Recreation Fee \$ \_\_\_\_\_

Zoning Hearing \$ \_\_\_\_\_

Ordinance Book \$ \_\_\_\_\_

**TOTAL** \$ **900.00**

Permits are required if the property is \$1,000.00 or more. Permits are good for one (1) year.  
Upon completion call the office and leave your name and permit number. Storm water management  
Plans are required if the project is one thousand (1,000) square feet or more on lease than three (3) acres.

CHECK NO. TWP #1113 CCIS #1112

Norma Mark

DATE PAID 5-26-16

ZONING OFFICER

# Commonwealth Code Inspection Service, Inc.

40 W. 11th. Ave., Suite F  
York, Pa. 17404

717-846-2004 Phone  
717-846-2294 Fax  
pete8@codeservices.net

## APPROVED PLAN REVIEW

**PLAN NUMBER** 0717-16

**DATE APPROVED** 5/19/2016

**PROJECT MUNICIPALITY** Heidelberg Township

**PROJECT ADDRESS** 5930 Menges Mill Rd.

**PROJECT DESCRIPTION** construct a commercial swimming pool (POOL ONLY)

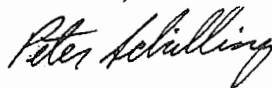
**OWNER** Menges Mills Mgmt

The above referenced project construct a commercial swimming pool (POOL ONLY) has been reviewed in accordance with the Pa. UCC and found to be generally in conformance with the referenced model building codes. I recommend that a Building Permit should be issued to the applicant. I have the following comments that should be noted on the Permit:

1. Fire extinguishers shall be installed per NFPA 10; installation shall be field evaluated for code conformance.
2. Accessibility shall be field verified as conforming with IBC 2009 Chapter 11 and ANSI A117.1-2009.
3. All work, whether or not shown on the construction documents shall comply with the Pa. UCC (IBC and IRC as referenced). Work not shown will be field checked to determine compliance. Construction documents shall be on site at time of inspection; if not the inspection may be failed, at the discretion of the inspector, for failure to have them available for reference purpose.

*Please call me if you have any Questions.*

*Thank You,*



Plan Reviewer

Page 1 of 1

**Heidelberg Township**  
**BUILDING PERMIT**

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**PERMIT NUMBER 0717-16**

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**PERMIT DATE** 5/19/2016 **PERMIT EXPIRATION DATE** 5/19/2017

**OWNER** Menges Mills Mgmt

**PROJECT ADDRESS**

**5930 Menges Mill Rd.**

**PROJECT COUNTY** York

**USE GROUP** A4 **CONSTRUCTION TYPE** 5B ☐ **SPRINKLER** ☒ **COMMERCIAL**

**APPLICABLE CODE-YEAR** IBC 2009 **ANSI A117.1** 2003 ☐ 2009 ☒

**ENERGY CODE:** ☐ IRC Energy ☒ IECC Energy ☐ Rescheck/Comcheck ☐ Pa. Alt. Energy Code

**THIS IS A PERMIT TO:**

construct a commercial swimming pool (POOL ONLY)

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A Permit to construct a commercial swimming pool (POOL ONLY) at 5930 Menges Mill Rd. has been granted according to the Municipal Building Code of Heidelberg Township. This Permit has been granted to the property owner under the condition that work on this project shall conform to the Municipal Building Code of Heidelberg Township and the Pennsylvania Uniform Construction Code, (IBC 2009 IBC 2015 CHAPTER 11 edition), the submitted and approved Constructin Documents, and all other applicable Laws and Regulations. Futhermore, the Owner shall be responsible for insuring that all required inspections are scheduled and performed and that right of entry, for inspection purposes, shall be granted to the appropriate Code Inspection and Enforcement Authorities. Access shall be granted during normal business hours in accordance with the Pennsylvania Uniform Construction Code.

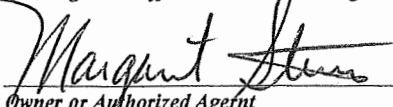
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I have read this Permit, the inspection check list, and any notes or addendums on or attached to the Permit and/or Submitted Construction Documents. I understand the obligations, as well as the privledges granted by this permit and agree, by adding my signature, that the work shall be performed in accordance with applicable Codes.

  
\_\_\_\_\_  
Building Code Official or Authorized Agernt

5/19/2016

\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Owner or Authorized Agernt

  
\_\_\_\_\_  
Date

Permit Is Not Valid Until Signed

# Commonwealth Code Inspection Service, Inc.

40 W. 11th. Ave., Suite F  
York, Pa. 17404

717-846-2004 Phone  
717-846-2294 Fax  
pete8@codeservices.net

## Plan Review and Inspection Invoice

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**PERMIT NUMBER** 0717-16

**PERMIT DATE** 5/19/2016

**COMMERCIAL** ☒

**PERMIT NOTES**

construct a commercial swimming pool (POOL ONLY)

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**OWNER** Menges Mills Mgmt  
5930 Colonial Valley Rd  
Spring Grove, Pa. 17331

**OWNER PHONE** 225-5934

**PROJECT ADDRESS** 5930 Menges Mill Rd.

**PROJECT MUNICIPALITY** Heidelberg Township

**PLAN REVIEW FEE** \$50.00

**INSPECTION FEE** \$600.00

**PA. STATE FEES** \$4.00

**ADMINISTRATIVE FEE:** \$15.00

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**TOTAL= 669**

All plan review fees, inspection fees, municipal fees and state fees shall be paid at time of permit issue. Failure to pay account may result in permit revocation and shall result in denial of final approval and a delay in occupancy. Noted inspections may be waived or additional inspections may be required, at the discretion of the Code Official, as deemed necessary in order to insure Code Compliance. 6

# Commonwealth Code Inspection Service, Inc.

40 W. 11th. Ave., Suite F  
York, Pa. 17404

717-846-2004 Phone  
717-846-2294 Fax  
peteB@codeservices.net

## Plan Review and Inspection Invoice

PERMIT NUMBER 0407-16

PERMIT DATE 4/1/2016

COMMERCIAL ☒

### PERMIT NOTES

construct an in-ground pool

OWNER Kimberly L Yates/Menges Mill Mgmt

### OWNER ADDRESS

OWNER CITY, STATE, ZIP

OWNER PHONE 225-4811

PROJECT ADDRESS 5930 Colonial Valley Rd.

PROJECT MUNICIPALITY Heidelberg Township

PLAN REVIEW FEE \$25.00

INSPECTION FEE \$0.00

PA. STATE FEES \$0.00

ADMINISTRATIVE FEE \$0.00

TOTAL= 25

All plan review fees, inspection fees, municipal fees and state fees shall be paid at time of permit issue. Failure to pay account may result in permit revocation and shall result in denial of final approval and a delay in occupancy.

Wednesday, May 25, 2016

# Commonwealth Code Inspection Service, Inc.

40 W. 11th. Ave., Suite F  
York, Pa. 17404

717-846-2004 Phone  
717-846-2294 Fax  
pete@codeservices.net

## Plan Review and Inspection Invoice

PERMIT NUMBER 07B4-15

PERMIT DATE 6/10/2015

COMMERCIAL ☒

### PERMIT NOTES

construct an in-ground pool

OWNER Kimberly Yates

OWNER ADDRESS

OWNER CITY, STATE, ZIP

OWNER PHONE 225-4811

PROJECT ADDRESS 5930 Colonial Valley Rd.

PROJECT MUNICIPALITY Heidelberg Township

PLAN REVIEW FEE \$25.00

INSPECTION FEE \$0.00

PA. STATE FEES \$0.00

ADMINISTRATIVE FEE \$0.00

TOTAL= 25

All plan review fees, inspection fees, municipal fees and state fees shall be paid at time of permit issue. Failure to pay account may result in permit revocation and shall result in denial of final approval and a delay in occupancy.

Wednesday, May 25, 2016

**COMMONWEALTH CODE INSPECTION SERVICE, INC.**  
**717-846-2004**

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**SCHEDULING INSPECTIONS**

Our inspectors are in from 6:00 am to 8:00 am Monday through Friday to schedule inspections. You may leave inspections on voicemail as long as you are not requesting specific times, please note that due to the high number of inspections at this time we CANNOT guarantee any inspection time, you may REQUEST an inspection time and we will try our best to get there as close to the time you requested.

To leave an inspection on voicemail please make sure you include:

Your Name  
A contact phone number  
Property Address  
City  
Municipality  
Permit number (this is very important)  
Which inspection you are requesting

Below is a list of inspections that you MAY be required to have done, please refer to your inspection checklist included with your permit as to which inspections you need. If your fee was collected by the Municipality that fee was based on the following inspections being done and correct (no violations) in the manner listed below:

Footing (all footings that are to be dug for entire project, includes houses, garages, decks, etc.  
(unless a separate permit is pulled for each)

Foundation (should include: underground plumbing, slab, damp proofing, rebar. (All of these items can be inspected at the same time)

Framing rough in \  
Plumbing/Mechanical rough in -----(All of these inspections should be done at the same time)  
Electrical rough in electrical service /

Insulation rough in

Drywall

Final

If we are called out for additional trips due to violations or for example; service not ready at time of electrical rough in, and we have to come back, a fee of NO LESS THAN \$50.00 will be charged to the permit applicant and/or the property owner. We have the right to withhold certificate's of compliance until any additional fees are paid. If you have any questions please contact our office or an inspector, we will try to answer any questions you may have.

# Commonwealth Code Inspection Service, Inc.

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York, Pa. 17404

717-846-2004 Phone  
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pete8@codeservices.net

## LIST OF REQUIRED INSPECTIONS

FOLLOWING IS A LIST OF INSPECTIONS THAT WOULD ORDINARILY BE REQUIRED FOR A PROJECT OF THIS TYPE. IT IS THE RESPONSIBILITY OF THE OWNER/CONTRACTOR TO VERIFY THAT ALL INSPECTION STAGES HAVE BEEN APPROVED PRIOR TO PROCEEDING TO THE NEXT PHASE OF THE PROJECT. PLEASE CONTACT YOUR INSPECTOR AT 717-846-2004 IF YOU HAVE ANY QUESTIONS ABOUT THE INSPECTION PROCESS. ESTIMATED NUMBER OF INSPECTIONS IF APPLICABLE: 6

**PLAN NUMBER** 0717-16

**OWNER NAME** Menges Mills Mgmt

**PROJECT ADDRESS** 5930 Menges Mill Rd.

### ORDINARY INSPECTIONS

- ☒ FOOTING-after excavation, forming, and placement of grade stakes. Prior to pouring concrete.
- ☐ FOUNDATION - After construction of foundation, waterproofing or damp-proofing as required, after placement of drain tile, stone filter fabric. Prior to backfilling.
- ☐ FRAMING- Following complete framing, rough plumbing, rough electrical, rough mechanical rough sprinkler and prior to installing insulation or covering.
- ☐ ELECTRICAL SERVICE - Following installation of service equipment and entrance conductors and prior to utility connection
- ☒ ELECTRICAL UNDERGROUND - Following installation of any conductors, conduits, etc. and prior to covering
- ☒ ELECTRICAL ROUGH-IN - Following installation of all conductors, outlets, etc. and prior to covering.
- ☒ ELECTRICAL FINAL- Following completed installation of all related equipment and prior to occupancy.
- ☒ PLUMBING UNDERGROUND - Following installation of building drains and water service piping and prior to covering.
- ☒ PLUMBING ROUGH-IN - Following installation of all drains, wastes, vents, water distribution, and mechanical systems and prior to covering.
- ☒ PLUMBING FINAL - Following completed installation of all related equipment and prior to occupancy
- ☒ MECHANICAL UNDERGROUND - Following installation of ducts and piping and prior to covering.
- ☒ MECHANICAL ROUGH-IN - Following installation of all ducts, piping systems and mechanical systems and prior to covering
- ☒ MECHANICAL FINAL - Following completed installation of all related equipment and prior to occupancy
- ☐ ENERGY UNDERGROUND - After installation of foundation/slab insulation and prior to covering
- ☐ ENERGY ROUGH-IN - Following installation of insulating material, firestopping and draftstopping. Prior to covering.
- ☒ ENERGY FINAL - After installation of all energy conservation components, systems, labeling and testing.
- ☐ DRYWALL- During installation, as required, to verify construction meeting a UL design for the required rating.

- ☒ FINAL - Following completion of all construction trades and prior to receiving certificate of occupancy. Use or Occupancy of any type is not authorized until after Certificate is issued.
- ☐ CONCRETE - After forming and prior to pouring
- ☐ MASONRY - Periodic inspection of masonry vapor barrier, reinforcement, and ties.
- ☐ REINFORCEMENT - After installation of any required masonry/concrete reinforcement and prior to covering
- ☒ ACCESSIBILITY - Periodic and final inspections to verify universal accessibility per the Pa. UCC, IBC Chapters 10 and 11, and ANSI A117.1
- ☐ SPRINKLER UNDERGROUND - Following installation of sprinkler service piping and thrust block, and prior to covering.
- ☐ SPRINKLER ROUGH-IN - Following installation of all distribution, branch piping and standpipes. Sprinkler systems shall be tested in accordance with NFPA 13 (200# for 2 hours) and tests shall be scheduled 48 hours in advance.
- ☐ SPRINKLER FINAL - Following completed installation of all related equipment and prior to occupancy.
- ☐ FIRE ALARM - During and following installation and testing of systems.
- ☐ SPECIAL INSPECTIONS - Special inspections required by the Pa. UCC, ICC Codes, Construction Documents, or Contract Documents shall be arranged by the Permit Holder or Agent and the results shall be submitted to CCIS for verification and evaluation.

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### **INSPECTION NOTES**

1. Fire extinguishers shall be installed per NFPA 10; installation shall be field evaluated for code conformance.
2. Accessibility shall be field verified as conforming with IBC 2009 Chapter 11 and ANSI A117.1-2009.
3. All work, whether or not shown on the construction documents shall comply with the Pa. UCC (IBC and IRC as referenced). Work not shown will be field checked to determine compliance. Construction documents shall be on site at time of inspection; if not the inspection may be failed, at the discretion of the inspector, for failure to have them available for reference purpose.

*Those inspections annotated with a check mark are a required inspection for the work permitted. Noted inspections may be waived or additional inspections may be required, at the discretion of the Code Official, as deemed necessary in order to insure Code Compliance. Inspection approval must be obtained for the work currently complete before proceeding to the next step of construction listed in order for each trade.*

*All inspections will be conducted by Commonwealth Code Inspection Service, with the exception of special inspections required by the Pa. UCC and/or IBC Chapter 17; or as otherwise directed by the authority having jurisdiction. Special inspections shall be performed per the Pa. UCC and/or IBC Chapter 17. The applicant or authorized representative must request all regular inspections directly through Commonwealth Code Inspection Service, Inc. with at least 24 hours notice. Same day service may be provided if calls are received before 8:00 AM. Telephone 717-846-2004*

Date 04 / 28 / 2016

# APPLICATION FOR PLAN REVIEW & APPLICATION FOR COMMERCIAL BUILDING PERMIT

## PROPERTY ADDRESS

|                                                               |  |                               |                              |
|---------------------------------------------------------------|--|-------------------------------|------------------------------|
| Street Address:<br><b>5930 MENGES MILLS ROAD SPRING GROVE</b> |  | Parcel:<br><b>30000FF0153</b> | Zoning:<br><b>COMMERCIAL</b> |
| Subdivision:                                                  |  | Lot:                          | Type:                        |
| Municipality: <b>HEIDELBERG TOWNSHIP</b>                      |  | County: <b>YORK</b>           |                              |

## OWNER ADDRESS

|                                                                  |  |                                        |                            |                      |
|------------------------------------------------------------------|--|----------------------------------------|----------------------------|----------------------|
| Last name or Business:<br><b>MENGES MILLS MANAGEMENT</b>         |  | First name:<br><b>KIMBERLY L YATES</b> | Phone: <b>717 225 3934</b> |                      |
|                                                                  |  |                                        | Fax:                       |                      |
| Address: <i>Colonial Valley</i><br><b>5930 MENGES MILLS ROAD</b> |  | City:<br><b>SPRING GROVE</b>           | State:<br><b>PA</b>        | Zip:<br><b>17331</b> |

## TYPE OF APPLICATION

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                            |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |  |                            |                             |                             |  |                             |                             |                            |                             |                            |  |                             |  |                             |  |  |                             |                            |  |                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|--|----------------------------|-----------------------------|-----------------------------|--|-----------------------------|-----------------------------|----------------------------|-----------------------------|----------------------------|--|-----------------------------|--|-----------------------------|--|--|-----------------------------|----------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Building <input checked="" type="checkbox"/> Electrical <input checked="" type="checkbox"/> Accessibility <input type="checkbox"/> Fire Alarm <input checked="" type="checkbox"/> Other<br><input checked="" type="checkbox"/> Plumbing <input checked="" type="checkbox"/> Mechanical <input type="checkbox"/> Fire Suppression <input type="checkbox"/> Occupancy <b>SWIMMING POOL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                            |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |  |                            |                             |                             |  |                             |                             |                            |                             |                            |  |                             |  |                             |  |  |                             |                            |  |                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                       |
| <b>Type of Work (Check all that apply)</b><br><input checked="" type="checkbox"/> New Construction<br><input type="checkbox"/> Additional construction<br><input type="checkbox"/> Alteration/Structural/Egress Change<br><input type="checkbox"/> Repair/Renovation <input type="checkbox"/> IBC <input type="checkbox"/> IEBC (1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/><br><input type="checkbox"/> Foundation Permit<br><input type="checkbox"/> Change of Use/Occupancy<br><input type="checkbox"/> Initial Certificate of Occupancy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>Type of Construction (Check all that apply)</b><br><input type="checkbox"/> IA <input type="checkbox"/> IV<br><input type="checkbox"/> IB<br><input type="checkbox"/> IIA <input type="checkbox"/> VB<br><input type="checkbox"/> IIB <input type="checkbox"/> VA<br><input type="checkbox"/> IIIA <input type="checkbox"/> Separate Use<br><input type="checkbox"/> IIIB <input type="checkbox"/> Non-separated Use<br><input type="checkbox"/> N/A<br><b>EXTERIOR SWIMMING POOL</b> | <b>Previous L&amp;I Certificate #(s)</b><br><b>#00279027</b><br><b>DI# 1996-09575</b><br><br><b>PROPOSED CODE/YEAR FOR THIS PROJECT</b><br><b>IBC 2009</b> |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |  |                            |                             |                             |  |                             |                             |                            |                             |                            |  |                             |  |                             |  |  |                             |                            |  |                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                       |
| <b>Use Group (List all)</b><br><table style="width: 100%;"> <tr><td><input type="checkbox"/> A1</td><td><input type="checkbox"/> H1</td><td><input type="checkbox"/> R1</td></tr> <tr><td><input type="checkbox"/> A2</td><td><input type="checkbox"/> H2</td><td><input type="checkbox"/> R2</td></tr> <tr><td><input type="checkbox"/> A3</td><td><input type="checkbox"/> H3</td><td><input type="checkbox"/> R3</td></tr> <tr><td><input type="checkbox"/> A4</td><td><input type="checkbox"/> H4</td><td><input type="checkbox"/> R4</td></tr> <tr><td><input type="checkbox"/> A5</td><td><input type="checkbox"/> H5</td><td></td></tr> <tr><td><input type="checkbox"/> B</td><td><input type="checkbox"/> I1</td><td><input type="checkbox"/> S1</td></tr> <tr><td></td><td><input type="checkbox"/> I2</td><td><input type="checkbox"/> S2</td></tr> <tr><td><input type="checkbox"/> E</td><td><input type="checkbox"/> I3</td><td><input type="checkbox"/> U</td></tr> <tr><td></td><td><input type="checkbox"/> I4</td><td></td></tr> <tr><td><input type="checkbox"/> F1</td><td></td><td></td></tr> <tr><td><input type="checkbox"/> F2</td><td><input type="checkbox"/> M</td><td></td></tr> </table> <b>CHAPTER 31 SPECIAL CONSTRUCTION</b> | <input type="checkbox"/> A1                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> H1                                                                                                                                | <input type="checkbox"/> R1 | <input type="checkbox"/> A2 | <input type="checkbox"/> H2 | <input type="checkbox"/> R2 | <input type="checkbox"/> A3 | <input type="checkbox"/> H3 | <input type="checkbox"/> R3 | <input type="checkbox"/> A4 | <input type="checkbox"/> H4 | <input type="checkbox"/> R4 | <input type="checkbox"/> A5 | <input type="checkbox"/> H5 |  | <input type="checkbox"/> B | <input type="checkbox"/> I1 | <input type="checkbox"/> S1 |  | <input type="checkbox"/> I2 | <input type="checkbox"/> S2 | <input type="checkbox"/> E | <input type="checkbox"/> I3 | <input type="checkbox"/> U |  | <input type="checkbox"/> I4 |  | <input type="checkbox"/> F1 |  |  | <input type="checkbox"/> F2 | <input type="checkbox"/> M |  | <b>Fire Separation</b><br><input type="checkbox"/> Single Use<br><input type="checkbox"/> Separated Uses<br><input type="checkbox"/> Non-separated Mixed Use<br><input type="checkbox"/> Incidental Use<br>Main Use _____<br><br><b>NOT APPLICABLE</b> | <b>Fire Suppression (List all)</b><br>Type:<br><input type="checkbox"/> Wet (Water)<br># _____ Standard _____<br><br><input type="checkbox"/> Dry (Water)<br># _____ Standard _____<br><br><input type="checkbox"/> Chemical<br># _____ Standard _____<br><br>Type _____<br><br><b>NOT APPLICABLE</b> |
| <input type="checkbox"/> A1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> H1                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> R1                                                                                                                                |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |  |                            |                             |                             |  |                             |                             |                            |                             |                            |  |                             |  |                             |  |  |                             |                            |  |                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                       |
| <input type="checkbox"/> A2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> H2                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> R2                                                                                                                                |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |  |                            |                             |                             |  |                             |                             |                            |                             |                            |  |                             |  |                             |  |  |                             |                            |  |                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                       |
| <input type="checkbox"/> A3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> H3                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> R3                                                                                                                                |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |  |                            |                             |                             |  |                             |                             |                            |                             |                            |  |                             |  |                             |  |  |                             |                            |  |                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                       |
| <input type="checkbox"/> A4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> H4                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> R4                                                                                                                                |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |  |                            |                             |                             |  |                             |                             |                            |                             |                            |  |                             |  |                             |  |  |                             |                            |  |                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                       |
| <input type="checkbox"/> A5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> H5                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                            |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |  |                            |                             |                             |  |                             |                             |                            |                             |                            |  |                             |  |                             |  |  |                             |                            |  |                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                       |
| <input type="checkbox"/> B                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> I1                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> S1                                                                                                                                |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |  |                            |                             |                             |  |                             |                             |                            |                             |                            |  |                             |  |                             |  |  |                             |                            |  |                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> I2                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> S2                                                                                                                                |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |  |                            |                             |                             |  |                             |                             |                            |                             |                            |  |                             |  |                             |  |  |                             |                            |  |                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                       |
| <input type="checkbox"/> E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> I3                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> U                                                                                                                                 |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |  |                            |                             |                             |  |                             |                             |                            |                             |                            |  |                             |  |                             |  |  |                             |                            |  |                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> I4                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                            |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |  |                            |                             |                             |  |                             |                             |                            |                             |                            |  |                             |  |                             |  |  |                             |                            |  |                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                       |
| <input type="checkbox"/> F1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                            |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |  |                            |                             |                             |  |                             |                             |                            |                             |                            |  |                             |  |                             |  |  |                             |                            |  |                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                       |
| <input type="checkbox"/> F2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> M                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                            |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |  |                            |                             |                             |  |                             |                             |                            |                             |                            |  |                             |  |                             |  |  |                             |                            |  |                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                       |
| • Start Date _____      • Finish Date _____      • Total Value of All Work _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                            |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |  |                            |                             |                             |  |                             |                             |                            |                             |                            |  |                             |  |                             |  |  |                             |                            |  |                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                       |

FAILURE TO FILL OUT THE PERMIT APPLICATION COMPLETELY MAY RESULT IN DELAYS OR REJECTION OF APPLICATION

Municipal Tracking #

Permit #

Plan Review #

**Description of proposed project:**

EXTERIOR SWIMMING POOL AND 8' HIGH FENCED ENCLOSURE  
LOCATED ADJACENT TO EXISTING L+I APPROVED BUILDING

**Electrical Permit Information****Electrical Service Size**

\_\_\_\_\_ Amps      Power Company Name MET-ED  
\_\_\_\_\_ Volts      Power Company Job # N/A EXISTING SERVICE  
\_\_\_\_\_ Ø      SEE ELECTRICAL PLANS FOR SCOPE OF WORK

General outlets: \_\_\_\_\_ 120 volt      \_\_\_\_\_ 240 volt  
Circuits: \_\_\_\_\_ 2 wire      \_\_\_\_\_ 3 wire      \_\_\_\_\_ 4 wire

| Device Name | Watts | Amps        | # | Device Name   | Watts | Amps | # |
|-------------|-------|-------------|---|---------------|-------|------|---|
|             |       |             |   |               |       |      |   |
|             |       |             |   |               |       |      |   |
|             |       |             |   |               |       |      |   |
|             |       |             |   |               |       |      |   |
|             |       |             |   |               |       |      |   |
|             |       |             |   |               |       |      |   |
| Start Date  |       | Finish Date |   | Value of work |       |      |   |
|             |       |             |   | \$2500        |       |      |   |

## Plumbing Permit Information

Page 3 of 9

SEE MECHANIAL PLANS FOR SCOPE OF WORK

**Mechanical Permit Information**

| Number of systems | Type(s) |      |                  |                                     |
|-------------------|---------|------|------------------|-------------------------------------|
| SYSTEM            | BTU     | FUEL | VENT TYPE (+R-?) | FUNCTION (Heat? Cool? Water? Vent?) |
|                   |         |      |                  |                                     |
|                   |         |      |                  |                                     |
|                   |         |      |                  |                                     |
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|                                                                                           |                                                                                              |                                                                                  |
|-------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| Fuel Gas? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no             | Public? <input type="checkbox"/> yes <input checked="" type="checkbox"/> no                  | Piping Type(s) _____                                                             |
| Oil? <input type="checkbox"/> yes <input type="checkbox"/> no                             | Tank Capacity? _____                                                                         | Underground? <input type="checkbox"/> yes <input checked="" type="checkbox"/> no |
| Electric? <input type="checkbox"/> yes <input type="checkbox"/> no                        | Total KW _____                                                                               | 1000 GALLON PROPANE TANK                                                         |
| Duct Detectors? <input type="checkbox"/> yes <input checked="" type="checkbox"/> no       | Number of Zones? _____                                                                       | Type? _____                                                                      |
| Kitchen Hood? <input type="checkbox"/> yes <input checked="" type="checkbox"/> no         | Fire Suppression System? <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | Type? _____                                                                      |
| Hazardous Exhaust? <input type="checkbox"/> yes <input checked="" type="checkbox"/> no    | Fire Suppression System <input type="checkbox"/> yes <input checked="" type="checkbox"/> no  | Type? _____                                                                      |
| Fire Dampers? <input type="checkbox"/> yes <input checked="" type="checkbox"/> no         | Smoke Dampers <input type="checkbox"/> yes <input checked="" type="checkbox"/> no            |                                                                                  |
| Smoke Control System? <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | Governing Code Section(s) _____                                                              |                                                                                  |
| Regular Exhaust Fans? <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | Number? _____                                                                                | Duct Type(s) _____                                                               |
| Fireplace? <input type="checkbox"/> yes <input checked="" type="checkbox"/> no            | Number? _____                                                                                |                                                                                  |
| Gas? <input type="checkbox"/> yes <input checked="" type="checkbox"/> no                  | Piping Type _____                                                                            | Vent Type _____                                                                  |
| Masonry? <input type="checkbox"/> yes <input checked="" type="checkbox"/> no              | Material Type _____                                                                          | Chimney Type _____                                                               |
| Electric? <input type="checkbox"/> yes <input checked="" type="checkbox"/> no             | Kw? _____                                                                                    |                                                                                  |
| Start Date                                                                                | Finish Date                                                                                  | Value of work                                                                    |

## Fire Alarm Permit Information NOT APPLICABLE

|                                                                                                                                                  |             |               |
|--------------------------------------------------------------------------------------------------------------------------------------------------|-------------|---------------|
| Requiring Code Section _____                                                                                                                     |             |               |
| Type(s) of Wiring _____                                                                                                                          |             |               |
| Battery Back Up <input type="checkbox"/> yes <input type="checkbox"/> no      Generator <input type="checkbox"/> yes <input type="checkbox"/> no |             |               |
| Number of Zones _____                                                                                                                            |             |               |
| Type(s) of System(s) _____                                                                                                                       |             |               |
| Type(s) of Detectors(s) _____<br>Smoke, heat, infrared, ultraviolet, etc.                                                                        |             |               |
| Types of Special Applications _____                                                                                                              |             |               |
| Types of Initiating Tests _____                                                                                                                  |             |               |
| Start Date                                                                                                                                       | Finish Date | Value of Work |

## Fire Suppression System Permit NOT APPLICABLE

Requiring Code Section(s) \_\_\_\_\_ Number of Systems \_\_\_\_\_

|                                                                          |                                                                     |                              |
|--------------------------------------------------------------------------|---------------------------------------------------------------------|------------------------------|
| Design: NFPA 13 <input type="checkbox"/> yes <input type="checkbox"/> no | Wet System <input type="checkbox"/> yes <input type="checkbox"/> no | Number _____                 |
| NFPA 13R <input type="checkbox"/> yes <input type="checkbox"/> no        | Dry System <input type="checkbox"/> yes <input type="checkbox"/> no | Number _____                 |
| System Type                                                              | Piping Type                                                         | System Design Pressure (PSI) |
|                                                                          |                                                                     | System Design Capacity (GPM) |
|                                                                          |                                                                     |                              |
|                                                                          |                                                                     |                              |
|                                                                          |                                                                     |                              |
|                                                                          |                                                                     |                              |
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|                                                                          |                                                                     |                              |

|                                                                            |             |                                                                     |                       |                         |  |
|----------------------------------------------------------------------------|-------------|---------------------------------------------------------------------|-----------------------|-------------------------|--|
| Alternate Systems <input type="checkbox"/> yes <input type="checkbox"/> no |             | Pre-action <input type="checkbox"/> yes <input type="checkbox"/> no |                       | Number of Systems _____ |  |
| System Type                                                                | Chemical    | Capacity                                                            | Reference Standard(s) |                         |  |
|                                                                            |             |                                                                     |                       |                         |  |
|                                                                            |             |                                                                     |                       |                         |  |
| Start Date                                                                 | Finish Date | Value of Work                                                       |                       |                         |  |

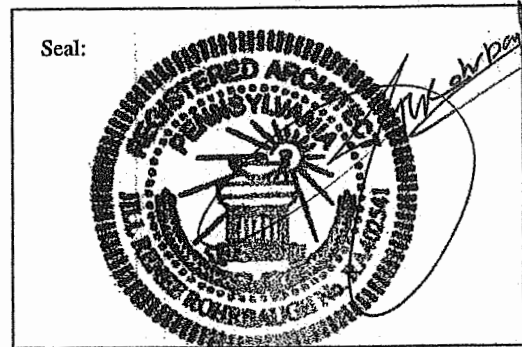
## PROPOSED DEFERRED SUBMITTALS

|                                            |     |                       |
|--------------------------------------------|-----|-----------------------|
| <input type="checkbox"/> Foundation Permit | ETA | _____ / _____ / _____ |
| <input type="checkbox"/> Structural Steel  | ETA | _____ / _____ / _____ |
| <input type="checkbox"/> Fire Suppression  | ETA | _____ / _____ / _____ |
| <input type="checkbox"/> Fire Alarm        | ETA | _____ / _____ / _____ |
| <input type="checkbox"/> Roof Truss        | ETA | _____ / _____ / _____ |
| <input type="checkbox"/> Floor Truss       | ETA | _____ / _____ / _____ |
| <input type="checkbox"/> Spec Books        | ETA | _____ / _____ / _____ |

## Design Professional in Responsible Charge

Name: JILL ROHRBAUGH

Registration Number RA-402541



### FAILURE TO FILL OUT THE PERMIT APPLICATION COMPLETELY MAY RESULT IN DELAYS OR REJECTION OF APPLICATION

I certify that I am the owner of record, or that I have been authorized by the owner of record to submit this application and that the work described has been authorized by the owner of record, and I agree to conform to all applicable local, state, and federal laws governing the execution of this project. I certify that the Code Official or his delegated representative shall have the authority to enter the areas in which this work is being performed, at any reasonable hour, to enforce the provisions of the Codes governing this project.

Applicant KIMBERLY L YATES Date 04.28.2016 Phone 717 225 4811

Fax \_\_\_\_\_ Email \_\_\_\_\_ Mobile \_\_\_\_\_

## PERSONNEL

### General Contractor

|                    |                                                                                                                            |       |              |
|--------------------|----------------------------------------------------------------------------------------------------------------------------|-------|--------------|
| General Contractor | <u>YORKTOWN POOL AND SPAS</u>                                                                                              |       |              |
| Contact Person     | _____ Are there other prime contractors? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, list separately. |       |              |
| Street Address     | <u>4395 WEST MARKET STREET</u>                                                                                             |       |              |
| City               | <u>YORK</u>                                                                                                                | State | <u>PA</u>    |
|                    |                                                                                                                            | Zip   | <u>17408</u> |
| Phone              | <u>717 792 3541</u>                                                                                                        |       |              |
| Mobile             | _____                                                                                                                      |       |              |
| Fax                | _____                                                                                                                      |       |              |
| Email              | _____                                                                                                                      |       |              |

**Architect**

|                                 |                           |                |              |
|---------------------------------|---------------------------|----------------|--------------|
| Architect in Responsible Charge | ARCHITECTURE WORKSHOP INC |                |              |
| Lead Architect                  | JILL ROHRBAUGH            | Contact Person |              |
| Street Address                  | ONE SOUTH RAILROAD STREET |                |              |
| City                            | HANOVER                   | State          | PA Zip 17331 |
| Phone                           | 717 632 5688              |                |              |
| Mobile                          | 717 965 4039              |                |              |
| Fax                             |                           |                |              |
| Email                           | JRRRAWINC@AOL.COM         |                |              |

**Structural Engineer N/A**

|                |  |                |     |
|----------------|--|----------------|-----|
| Firm           |  |                |     |
| Lead Engineer  |  | Contact Person |     |
| Street Address |  |                |     |
| City           |  | State          | Zip |
| Phone          |  |                |     |
| Mobile         |  |                |     |
| Fax            |  |                |     |
| Email          |  |                |     |

**Electrical Engineer**

|                |                      |                |              |
|----------------|----------------------|----------------|--------------|
| Firm           | CARBAUGH ENGINEERING |                |              |
| Lead Engineer  | Henry M Heberle, Jr. | Contact Person |              |
| Street Address | 183 Mountain Road    |                |              |
| City           | Halifax              | State          | PA Zip 17032 |
| Phone          | 717 827 3182         |                |              |
| Mobile         | 717 350 2502         |                |              |
| Fax            |                      |                |              |
| Email          |                      |                |              |

**Mechanical Engineer**

|                                 |                             |                |              |
|---------------------------------|-----------------------------|----------------|--------------|
| Architect in Responsible Charge | Cox Engineering             |                |              |
| Lead Architect                  | Larry E. Cox Jr. PE         | Contact Person |              |
| Street Address                  | 175 Matamoras Road          |                |              |
| City                            | Halifax                     | State          | PA Zip 17032 |
| Phone                           | 717 896 8242                |                |              |
| Mobile                          | 717 877 0102                |                |              |
| Fax                             |                             |                |              |
| Email                           | cox.engineering@comcast.net |                |              |

**Plumbing Engineer see above**

|                |                 |                |     |
|----------------|-----------------|----------------|-----|
| Firm           | Cox Engineering |                |     |
| Lead Engineer  |                 | Contact Person |     |
| Street Address |                 |                |     |
| City           |                 | State          | Zip |
| Phone          |                 |                |     |
| Mobile         |                 |                |     |
| Fax            |                 |                |     |
| Email          |                 |                |     |

**Fire Alarm Engineer / Designer N/A**

|                        |  |                |     |
|------------------------|--|----------------|-----|
| Firm                   |  |                |     |
| Lead Engineer/Designer |  | Contact Person |     |
| Street Address         |  |                |     |
| City                   |  | State          | Zip |
| Phone                  |  |                |     |
| Mobile                 |  |                |     |
| Fax                    |  |                |     |
| Email                  |  |                |     |

**Fire Suppression Engineer / Designer N/A**

|                |                             |
|----------------|-----------------------------|
| Firm           | _____                       |
| Lead Engineer  | _____ Contact Person _____  |
| Street Address | _____                       |
| City           | _____ State _____ Zip _____ |
| Phone          | _____                       |
| Mobile         | _____                       |
| Fax            | _____                       |
| Email          | _____                       |

**NOTICE**

**All work, whether or not shown on the construction documents shall comply with the Pa. UCC (IBC and IRC 2003 as referenced). Work not shown will be field checked to determine compliance. Construction documents shall be on site at time of inspection; if not the inspection may be failed, at the discretion of the inspector, for failure to have them available for reference purpose.**

Universal accessibility to all services, goods, events, and functions offered within the Commonwealth of Pennsylvania is a guaranteed civil right. Please review your construction documents to insure that right has not been violated. Basic compliance with *all* of the provisions of the standard ANSI A117.1 can help to insure that all of our citizens enjoy access to the goods and services offered within the state. Compliance with the provisions of IBC Chapter 11 and ANSI A117.1 will be field verified and shall be mandatory for receipt of a Certificate of Occupancy. Full compliance with accessibility provisions of the codes is mandatory. Failure to include provisions for compliance on the plan, or in the execution of the work is not an excuse to deny basic accessibility to our citizens.

A list of inspections that *probably* will be required, based on the permit application and plan submission, can be obtained from the Code Official at the time of permit issuance. Noted inspections may be waived or additional inspections may be required, at the discretion of the Code Official, as deemed necessary in order to insure Code Compliance. Inspection approval must be obtained for the work currently complete before proceeding to the next step of construction listed in order for each trade.

All inspections will be conducted by Commonwealth Code Inspection Service, with the exception of special inspections required by the Pa. UCC and/or IBC Chapter 17, and/or at the direction of the Design Professional; or as otherwise directed by the authority having jurisdiction. Special inspections shall be performed per the Pa. UCC and/or IBC Chapter 17, and/or at the direction of the Design Professional.

A special inspection program list shall be furnished to Commonwealth Code Inspection Service for approval prior to the start of the project phase associated with the inspection. The list shall include name of company, corporate officers, address and other contact information, accreditation, and qualifications of individual inspectors.

The applicant or authorized representative must request all regular inspections directly through Commonwealth Code Inspection Service, Inc. with at least 24 hours notice.

Same day service for inspections may be provided if calls are received before 8:00 AM. Telephone 717-664-2347 (Main Office) or 800-732-0043 (In Pennsylvania) or Contact your local CCIS office at

# COMMONWEALTH OF PENNSYLVANIA

## DEPARTMENT OF LABOR AND INDUSTRY

### BUREAU OF OCCUPATIONAL AND INDUSTRIAL SAFETY



## OCCUPANCY PERMIT

THE FOLLOWING BUILDING HAS BEEN INSPECTED BY THE DEPARTMENT OF LABOR AND INDUSTRY AND HAS BEEN FOUND TO BE IN COMPLIANCE WITH THE FIRE AND PANIC LAW, (ACT 299, APRIL 27, P.L. AS AMENDED), AND THE PLANS APPROVED BY THE DEPARTMENT UNDER THE FILE NUMBER AND DATE LISTED BELOW.

MENGES MILL MANAGEMENT  
5930 COLONIAL VALLEY RD  
HEIDELBERG TOWNSHI PA 17362

APPROVED FOR CONSTRUCTION  
2009 IBC/IRC

SEP 21 2015

*John Schilling* 000163

APPROVAL IS FOR THE FOLLOWING CLASSIFICATION(S):

A2 ASSEMBLY(101 THRU 500)  
DO ORDINARY COMMERCIAL, INDUSTRIAL, OFFICE

THIS OCCUPANCY PERMIT AUTHORIZES OCCUPANCY OF THIS BUILDING AS LONG AS THE BUILDING IS MAINTAINED IN ACCORDANCE WITH THE FIRE AND PANIC LAW, REGULATIONS AND THE PLAN APPROVAL.

| FILE<br>NUMBER | PLAN<br>APPROVAL<br>DATE | PLAN<br>CODE | DRAWING<br>INDEX | FIELD<br>INSPECTION<br>DATE | INDUSTRIAL<br>BOARD<br>VARIANCE | ACCESSIBILITY<br>BOARD<br>VARIANCE |
|----------------|--------------------------|--------------|------------------|-----------------------------|---------------------------------|------------------------------------|
| 000279027      | 09/11/1996               | B            | 1996-09575       | 10/28/1996                  | 07/01/1996                      |                                    |

M KEANE

INSPECTOR

446

*Kevin D. Peck*

DIRECTOR

BUREAU OF OCCUPATIONAL AND INDUSTRIAL SAFETY

# ***Commonwealth Code Inspection Service, Inc.***

40 W. 11th. Ave., Suite F  
York, Pa. 17404

717-846-2004 Phone  
717-846-2294 Fax  
pete8@codeservices.net

## **APPROVED PLAN REVIEW**

**PLAN NUMBER** 1478-15

**DATE APPROVED** 9/24/2015

**PROJECT MUNICIPALITY** Heidelberg Township

**PROJECT ADDRESS** 5932 Colonial Valley Rd.

**PROJECT DESCRIPTION** structural repairs to a mill structure

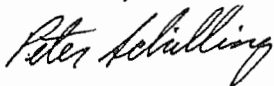
**OWNER** Kim L. Yates

The above referenced project structural repairs to a mill structure has been reviewed in accordance with the Pa. UCC and found to be generally in conformance with the referenced model building codes. I recommend that a Building Permit should be issued to the applicant. I have the following comments that should be noted on the Permit:

1. All work, whether or not shown on the construction documents shall comply with the Pa. UCC (IBC and IRC as referenced). Work not shown will be field checked to determine compliance. Construction documents shall be on site at time of inspection; if not the inspection may be failed, at the discretion of the inspector, for failure to have them available for reference purpose.

*Please call me if you have any Questions.*

*Thank You,*



*Plan Reviewer*

*Page 1 of 1*

**Heidelberg Township**  
**BUILDING PERMIT**

---

**PERMIT NUMBER 1478-15**

---

**PERMIT DATE** 9/24/2015 **PERMIT EXPIRATION DATE** 9/23/2016

**OWNER** Kim L. Yates

**PROJECT ADDRESS**

**5932 Colonial Valley Rd.**

**PROJECT COUNTY** York

**USE GROUP** A3 **CONSTRUCTION TYPE** 5B ☐ **SPRINKLER** ☒ **COMMERCIAL**

**APPLICABLE CODE-YEAR** IBC 2009 & **ANSI A117.1** 2003 ☐ 2009 ☒

**ENERGY CODE:** ☐ IRC Energy ☐ IECC Energy ☐ Rescheck/Comcheck ☐ Pa. Alt. Energy Code

**THIS IS A PERMIT TO:**

structural repairs to a mill structure

---

A Permit to structural repairs to a mill structure at 5932 Colonial Valley Rd. has been granted according to the Municipal Building Code of Heidelberg Township. This Permit has been granted to the property owner under the condition that work on this project shall conform to the Municipal Building Code of Heidelberg Township and the Pennsylvania Uniform Construction Code, (IBC 2009 & IBC 2012 CHAPTER 11 edition), the submitted and approved Constructin Documents, and all other applicable Laws and Regulations. Futhermore, the Owner shall be responsible for insuring that all required inspections are scheduled and performed and that right of entry, for inspection purposes, shall be granted to the appropriate Code Inspection and Enforcement Authorities. Access shall be granted during normal business hours in accordance with the Pennsylvania Uniform Construction Code.

---

I have read this Permit, the inspection check list, and any notes or addendums on or attached to the Permit and/or Submitted Construction Documents. I understand the obligations, as well as the privledges granted by this permit and agree, by adding my signature, that the work shall be performed in accordance with applicable Codes.

*Peter Schilling*

9/24/2015

\_\_\_\_\_  
Building Code Official or Authorized Agernt

\_\_\_\_\_  
Date

*Margaret Huns*  
\_\_\_\_\_  
Owner or Authorized Agernt

*9/28/15*  
\_\_\_\_\_  
Date

Permit Is Not Valid Until Signed

# Commonwealth Code Inspection Service, Inc.

40 W. 11th. Ave., Suite F  
York, Pa. 17404

717-846-2004 Phone  
717-846-2294 Fax  
pete8@codeservices.net

## Plan Review and Inspection Invoice

---

**PERMIT NUMBER** 1478-15

**PERMIT DATE** 9/24/2015

**COMMERCIAL** ☒

**PERMIT NOTES**

structural repairs to a mill structure

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**OWNER** Kim L. Yates  
5932 Colonial Valley Rd.  
Spring Grove, PA. 17362

**OWNER PHONE** 410-258-2782

**PROJECT ADDRESS** 5932 Colonial Valley Rd.

**PROJECT MUNICIPALITY** Heidelberg Township

**PLAN REVIEW FEE** \$50.00

**INSPECTION FEE** \$100.00

**PA. STATE FEES** \$4.00

**ADMINISTRATIVE FEE:** \$15.00

---

**TOTAL= 169**

All plan review fees, inspection fees, municipal fees and state fees shall be paid at time of permit issue. Failure to pay account may result in permit revocation and shall result in denial of final approval and a delay in occupancy. Noted inspections may be waived or additional inspections may be required, at the discretion of the Code Official, as deemed necessary in order to insure Code Compliance. 1

# Commonwealth Code Inspection Service, Inc.

40 W. 11th. Ave., Suite F  
York, Pa. 17404

717-846-2004 Phone  
717-846-2294 Fax  
pete8@codeservices.net

## LIST OF REQUIRED INSPECTIONS

**FOLLOWING IS A LIST OF INSPECTIONS THAT WOULD ORDINARILY BE REQUIRED FOR A PROJECT OF THIS TYPE. IT IS THE RESPONSIBILITY OF THE OWNER/CONTRACTOR TO VERIFY THAT ALL INSPECTION STAGES HAVE BEEN APPROVED PRIOR TO PROCEEDING TO THE NEXT PHASE OF THE PROJECT. PLEASE CONTACT YOUR INSPECTOR AT 717-846-2004 IF YOU HAVE ANY QUESTIONS ABOUT THE INSPECTION PROCESS. ESTIMATED NUMBER OF INSPECTIONS IF APPLICABLE: 1**

**PLAN NUMBER** 1478-15

**OWNER NAME** Kim L. Yates

**PROJECT ADDRESS** 5932 Colonial Valley Rd.

### ORDINARY INSPECTIONS

- ☐ FOOTING-after excavation, forming, and placement of grade stakes. Prior to pouring concrete.
- ☐ FOUNDATION - After construction of foundation, waterproofing or damp-proofing as required, after placement of drain tile, stone filter fabric. Prior to backfilling.
- ☒ FRAMING- Following complete framing, rough plumbing, rough electrical, rough mechanical rough sprinkler and prior to installing insulation or covering.
- ☐ ELECTRICAL SERVICE - Following installation of service equipment and entrance conductors and prior to utility connection
- ☐ ELECTRICAL UNDERGROUND - Following installation of any conductors, conduits, etc. and prior to covering
- ☐ ELECTRICAL ROUGH-IN - Following installation of all conductors, outlets, etc. and prior to covering.
- ☐ ELECTRICAL FINAL- Following completed installation of all related equipment and prior to occupancy.
- ☐ PLUMBING UNDERGROUND - Following installation of building drains and water service piping and prior to covering.
- ☐ PLUMBING ROUGH-IN - Following installation of all drains, wastes, vents, water distribution, and mechanical systems and prior to covering.
- ☐ PLUMBING FINAL - Following completed installation of all related equipment and prior to occupancy
- ☐ MECHANICAL UNDERGROUND - Following installation of ducts and piping and prior to covering.
- ☐ MECHANICAL ROUGH-IN - Following installation of all ducts, piping systems and mechanical systems and prior to covering
- ☐ MECHANICAL FINAL - Following completed installation of all related equipment and prior to occupancy
- ☐ ENERGY UNDERGROUND - After installation of foundation/slab insulation and prior to covering
- ☐ ENERGY ROUGH-IN - Following installation of insulating material, firestopping and draftstopping. Prior to covering.
- ☐ ENERGY FINAL - After installation of all energy conservation components, systems, labeling and testing.
- ☐ DRYWALL- During installation, as required, to verify construction meeting a UL design for the required rating.

- ☒ FINAL - Following completion of all construction trades and prior to receiving certificate of occupancy. Use or Occupancy of any type is not authorized until after Certificate is issued.
- ☐ CONCRETE - After forming and prior to pouring
- ☐ MASONRY - Periodic inspection of masonry vapor barrier, reinforcement, and ties.
- ☐ REINFORCEMENT - After installation of any required masonry/concrete reinforcement and prior to covering
- ☐ ACCESSIBILITY - Periodic and final inspections to verify universal accessibility per the Pa. UCC, IBC Chapters 10 and 11, and ANSI A117.1
- ☐ SPRINKLER UNDERGROUND - Following installation of sprinkler service piping and thrust block, and prior to covering.
- ☐ SPRINKLER ROUGH-IN - Following installation of all distribution, branch piping and standpipes. Sprinkler systems shall be tested in accordance with NFPA 13 (200# for 2 hours) and tests shall be scheduled 48 hours in advance.
- ☐ SPRINKLER FINAL - Following completed installation of all related equipment and prior to occupancy.
- ☐ FIRE ALARM - During and following installation and testing of systems.
- ☐ SPECIAL INSPECTIONS - Special inspections required by the Pa. UCC, ICC Codes, Construction Documents, or Contract Documents shall be arranged by the Permit Holder or Agent and the results shall be submitted to CCIS for verification and evaluation.

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### **INSPECTION NOTES**

1. All work, whether or not shown on the construction documents shall comply with the Pa. UCC (IBC and IRC as referenced). Work not shown will be field checked to determine compliance. Construction documents shall be on site at time of inspection; if not the inspection may be failed, at the discretion of the inspector, for failure to have them available for reference purpose.

*Those inspections annotated with a check mark are a required inspection for the work permitted. Noted inspections may be waived or additional inspections may be required, at the discretion of the Code Official, as deemed necessary in order to insure Code Compliance. Inspection approval must be obtained for the work currently complete before proceeding to the next step of construction listed in order for each trade.*

*All inspections will be conducted by Commonwealth Code Inspection Service, with the exception of special inspections required by the Pa. UCC and/or IBC Chapter 17; or as otherwise directed by the authority having jurisdiction. Special inspections shall be performed per the Pa. UCC and/or IBC Chapter 17. The applicant or authorized representative must request all regular inspections directly through Commonwealth Code Inspection Service, Inc. with at least 24 hours notice. Same day service may be provided if calls are received before 8:00 AM. Telephone 717-846-2004*

**HEIDELBERG TOWNSHIP**  
**APPLICATION FOR CONSTRUCTION PERMIT**  
**2009 INTERNATIONAL BUILDING CODE SERIES IS ENFORCED**

APPLICATION DATE: 9/10/2015 APPLICATION NUMBER: \_\_\_\_\_

TAX MAP: \_\_\_\_\_ SITE ADDRESS: 5932 Colonial Valley Road

PARCEL #: 30000FF01530000000 Spring Grove, PA 17362

DISTRICT: \_\_\_\_\_ 717-225-4811

AGRICULTURAL \_\_\_\_\_ CONSERVATION \_\_\_\_\_ COMMERCIAL X

RESIDENTIAL \_\_\_\_\_ INDUSTRIAL \_\_\_\_\_ Clean & Green

**OWNER'S INFORMATION**

Kim L Yates 410-258-2782

FIRST NAME MI LAST NAME PHONE #

5932 Colonial Valley Road, Spring Grove, PA 17362

STREET ADDRESS CITY STATE ZIP CODE

**BUILDING PERMIT APPLICATION INFORMATION**

BUILDING AREA: 7186 SQ. FT. ESTIMATED MARKET VALUE @ \$100/SQ FT or CONTRACT PRICE: \$ 357,171 (Per Insurance)

NUMBER OF STORIES: 3 DESCRIPTION: 1736 Old Mill Known As "Haunted"

Registered with Dept of Agriculture as → Mill

PERMITS REQUIRED:

SEWAGE TYPE: PUBLIC: \_\_\_\_\_ ON LOT: \_\_\_\_\_ PERMIT #: \_\_\_\_\_

WATER SYSTEM: PUBLIC: \_\_\_\_\_ WELL: \_\_\_\_\_ OTHER: \_\_\_\_\_

DRIVEWAY CERTIFICATE: TWP: \_\_\_\_\_ PENN DOT: \_\_\_\_\_ PERMIT #: \_\_\_\_\_

STORMWATER MANAGEMENT: \_\_\_\_\_

EROSION & SEDIMENT CONTROL PLAN: \_\_\_\_\_ CONSERVATION REVIEW: \_\_\_\_\_

**CERTIFICATION**

I hereby certify that I am owner of record of named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his/her authorized agent and I understand and assume responsibility for the establishment of official property lines for required setbacks prior to the start of construction, and agree to conform to all applicable laws of this jurisdiction. I further certify that this information is true and correct to the best of my knowledge.

APPLICANT SIGNATURE: Kimberly Yates DATE: 9/10/2015

ADDRESS: 5932 Colonial Valley Road PHONE #: 717-225-4811

Spring Grove, PA 410-258-2782  
(cell)

**Kim's Krypt Haunted Mill, LLC**

**Menges Mill Management**

5932 Colonial Valley Road

Spring Grove, PA 17362

717-225-4811 (office)

410-258--2782 (Kim Cell)

508-450-9292 (Margaret Cell)

Sept 9, 2015

Peter Schilling

Commonwealth Code Inspection

40 West 11th Avenue

Suite F

York, PA 17404

RE: Menges Mill Management (Kim's Krypt Haunted Mill) Spring Grove, PA

Dear Mr. Schilling

Attached is the permit form you requested earlier this month after receiving complaints from a volunteer regarding our renovations and restoration of the 268 year old "Haunted Mill". That individual was removed from my property and a Defiant Trespass order has been filed by my attorney due to threats against myself, employees and my business. (Hence his calls to your dept).

As I'm sure you are aware I purchased the property last year at auction. This building is a seasonal building used as a Halloween attraction once a year for six weeks. It has no running water, plumbing , etc. It's registered with the PA Department of Agriculture , Bureau of Ride and Measurement Standards. I.D. # 11024-Kim's Krypt Haunted Mill.

Previous owners had not really done any preventive maintenance or upkeep on the building in a number of years. Only the minimum requirements. Over the past year in order to save and keep this beautiful old building alive I've invested monies towards that effort. Below I've outlined what we have been doing.

1. Part of the work completed was structural repairs to support areas of sagging and damaged floor framing. Our objective was to stabilize the structure and prevent potential deterioration.

Per your request, I've had **Carney Engineering Group** come into the building and inspect and confirm the repairs we did have stabilized our building to have it be safe. (Report attached)

2. Previous owner had old disconnected electrical work left throughout the building. Some was updated and some was not. I had that old wire cleaned up and removed. An electrician friend of mine from Maryland, who has been with Kim's Krypt for 17 years, went through and made sure that our emergency lighting, smoke detectors, etc., were up-to-date and in good working condition. (He's not licensed in PA, but helps with my Haunt inspections down in Essex, MD).

3. The only other work completed in this building was replacing and cleaning up old wood walls, that were in place. (it's a walk through attraction for Halloween) Adding in props for the season, refreshing paint, etc.

With this being a Halloween attraction under the state of PA I'm registered with the PA Dept of Agriculture, Bureau of Ride and Measurement Standards. On my staff I have two inspectors. Margaret Sterner and Jerry West. Margaret Sterner was with the previous owner for 7 years and has utilized that department for support over the years and last year. This year Jerry attended the classes and is a registered inspector. Jerry's been with me for 18 years at my Kim's Krypt Attraction in Maryland and relocated here for help with the property.

I operate the Halloween season for six weeks, starting Sept 25th through Nov 1st. Fri, Sat and Sun. 6-11 pm. All of our paperwork was been submitted to the Dept of Agriculture for this season except for the township signoff. Last year we had the fire department walk through and I've requested that again this year. With the passing of "Redman" last year Chief Scott Rabenstein assisted us with the township signoff required to open. If I understand correctly that now falls with your organization? I'll touch base with Norma in the Heidelberg Township office regarding that final detail.

Please let me know what additional information or permits, etc. I need to follow through with regarding the Haunted Mill.

Thank You,

  
Kim Yates-Owner

Margaret Sterner -On site Manager

717-225-4811-Office

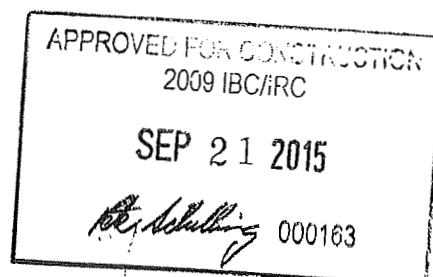
410-258-2782-kim Cell

508-450-9292-Margaret Cell

September 11, 2015

Ms. Margaret Sterner  
Kim's Krypt Haunted Mill, LLC  
5932 Colonial Valley Road  
Spring Grove, PA 17362

Re: Kim's Krypt Haunted Mill  
Evaluation of Structural Repairs  
CEG Project No. C015.0168.00



Derek Ms. Sterner :

As requested by you, Carney Engineering Group (CEG) performed a site visit to the existing "Haunted Mill" building located at 5932 Colonial Valley Road in Spring Grove, PA. Structural repairs were recently completed in the building in order to support areas of sagging or damaged floor framing and to help stabilize the structure and prevent further deterioration. The purpose of our site visit was to investigate these recent repairs and verify that they are structurally adequate.

The existing building is reportedly 268 years old, and is a three-story wood-framed structure with stone masonry exterior walls. The building footprint measures approximately 49 feet 49 feet. The majority of the repairs were completed in the basement, and there were two areas where existing second floor framing was reinforced and/or new support posts were added. No work was done to the third floor or roof framing.

The second floor is framed with three (3) spans of 3x8 wood joists spanning in the east-west direction and supported on two interior frame lines of 12" deep by 13" wide wood beams. These beams span from columns at the north and south exterior walls to two (2) interior columns along each frame line. At this level, there were two areas where structural repairs were made. First, along the west interior frame line at the center span, a steel beam was added to reinforce the original wood beam. The new steel beam spans approximately 8'-6" between two new steel support posts. The load from the new posts transfers directly through the floor to original wood columns below. The second area where new structural support was added is along the east frame line at the south beam span. A post was added to support the

original wood beam where it is damaged. This post load transfers directly down to another post below. The repairs made at both of these areas are acceptable.

The first floor framing size and configuration varies depending on the location in the building. The area in question where all of the new structural supports were added is at the original mill race way. Joists generally span in the north-south direction and are support on wood beams spanning in the east-west direction, which are supported on wood posts that sit on the original foundation walls. One of the foundation walls along the mill raceway has shifted over time, causing the framing along that line to also move and sag significantly. Several new beams and posts were installed along each side of this foundation wall to support the original floor framing. There were three new steel beams with support posts at each end, a 6x6 wood beam with three support posts, and another (5) support posts supporting an original wood beam. At the foundation level, the existing mill race way was filled with several feet of stone and new concrete was poured. All of the new steel support posts were directly supported on new concrete foundations or existing foundation walls.

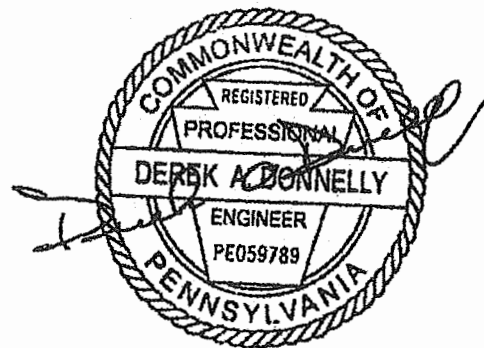
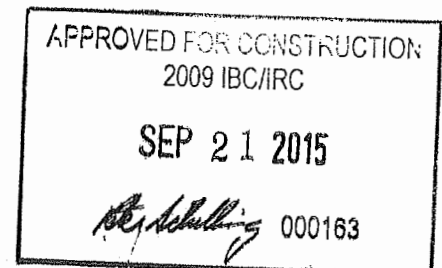
Based on our site visit and analysis, the structural repairs that were recently completed to stabilize the existing building are structurally adequate. Please do not hesitate to contact me if you have any questions or need any additional information.

Sincerely,

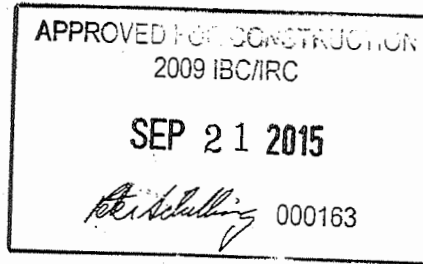
CARNEY ENGINEERING GROUP, INC.



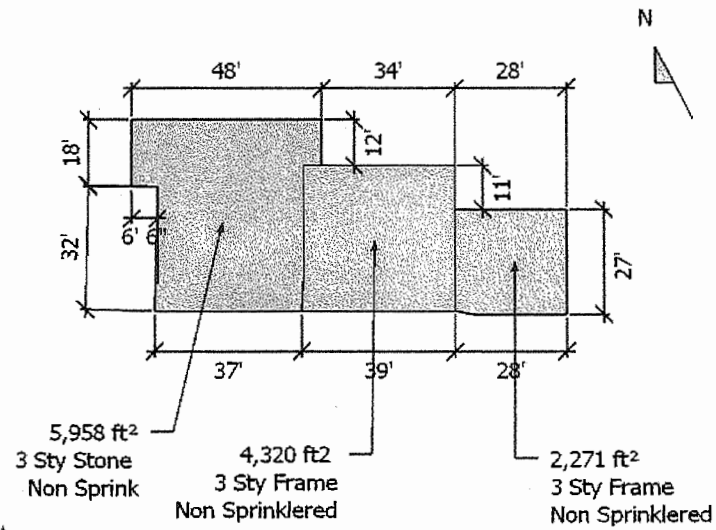
Derek A. Donnelly, P.E.  
Director of Structural Engineering



9-11-2015



5932 Colonial Valley Rd Menges Mills - Spring Grove, PA  
Haunted Mill Total Area= 7,186 ft<sup>2</sup>



# Commonwealth Code Inspection Service, Inc.

40 W. 11th. Ave., Suite F  
York, Pa. 17404

717-846-2004 Phone  
717-846-2294 Fax  
pete8@codeservices.net

## APPROVED PLAN REVIEW

PLAN NUMBER 1489-15

DATE APPROVED 9/24/2015

PROJECT MUNICIPALITY Heidelberg Township

PROJECT ADDRESS <sup>5932</sup>  
~~8930~~ Colonial Valley Rd.

PROJECT DESCRIPTION occupy a haunted house & social club

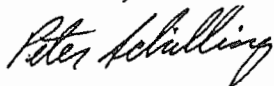
OWNER Menges Mill Property Management  
*Menges*

The above referenced project occupy a haunted house & social club has been reviewed in accordance with the Pa. UCC and found to be generally in conformance with the referenced model building codes. I recommend that a Building Permit should be issued to the applicant. I have the following comments that should be noted on the Permit:

1. Fire extinguishers shall be installed per NFPA 10; installation shall be field evaluated for code conformance.
2. Accessibility shall be field verified as conforming with IBC 2009 Chapter 11 and ANSI A117.1-2009.
3. All work, whether or not shown on the construction documents shall comply with the Pa. UCC (IBC and IRC as referenced). Work not shown will be field checked to determine compliance. Construction documents shall be on site at time of inspection; if not the inspection may be failed, at the discretion of the inspector, for failure to have them available for reference purpose.

Please call me if you have any Questions.

Thank You,



Plan Reviewer

Page 1 of 1

**Heidelberg Township**  
**BUILDING PERMIT**

---

**PERMIT NUMBER 1489-15**

---

**PERMIT DATE** 9/24/2015 **PERMIT EXPIRATION DATE** 9/23/2016

**OWNER** Manges Mill Property Management

**PROJECT ADDRESS**

**8930 Colonial Valley Rd.**

5932  
**PROJECT COUNTY** York

**USE GROUP** A3 **CONSTRUCTION TYPE** 5B ☐ **SPRINKLER** ☒ **COMMERCIAL**

**APPLICABLE CODE-YEAR** IBC 2009 & **ANSI A117.1** 2003 ☐ 2009 ☒

**ENERGY CODE:** ☐ IRC Energy ☐ IECC Energy ☐ Rescheck/Comcheck ☐ Pa. Alt. Energy Code

**THIS IS A PERMIT TO:**

occupy a haunted house & social club

---

A Permit to occupy a haunted house & social club at 8930 Colonial Valley Rd. has been granted according to the Municipal Building Code of Heidelberg Township. This Permit has been granted to the property owner under the condition that work on this project shall conform to the Municipal Building Code of Heidelberg Township and the Pennsylvania Uniform Construction Code, (IBC 2009 & IBC 2012 CHAPTER 11 edition), the submitted and approved Construction Documents, and all other applicable Laws and Regulations. Furthermore, the Owner shall be responsible for insuring that all required inspections are scheduled and performed and that right of entry, for inspection purposes, shall be granted to the appropriate Code Inspection and Enforcement Authorities. Access shall be granted during normal business hours in accordance with the Pennsylvania Uniform Construction Code.

---

I have read this Permit, the inspection check list, and any notes or addendums on or attached to the Permit and/or Submitted Construction Documents. I understand the obligations, as well as the privileges granted by this permit and agree, by adding my signature, that the work shall be performed in accordance with applicable Codes.

*Peter Schilling*

9/24/2015

\_\_\_\_\_  
Building Code Official or Authorized Agent

\_\_\_\_\_  
Date

*Margaret Stuenkel*  
\_\_\_\_\_  
Owner or Authorized Agent

*9/28/15*  
\_\_\_\_\_  
Date

Permit is Not Valid Until Signed

# Commonwealth Code Inspection Service, Inc.

40 W. 11th. Ave., Suite F  
York, Pa. 17404

717-846-2004 Phone  
717-846-2294 Fax  
pete8@codeservices.net

## Plan Review and Inspection Invoice

---

**PERMIT NUMBER** 1489-15

**PERMIT DATE** 9/24/2015

**COMMERCIAL** ☒

**PERMIT NOTES**

occupy a haunted house & social club

---

**OWNER** Manges Mill Property Management  
8930 Colonial Valley Rd.  
Spring Grove, PA. 17362

**OWNER PHONE** 331-8360

**PROJECT ADDRESS** 8930 Colonial Valley Rd.

**PROJECT MUNICIPALITY** Heidelberg Township

**PLAN REVIEW FEE** \$50.00

**INSPECTION FEE** \$100.00

**PA. STATE FEES** \$4.00

**ADMINISTRATIVE FEE:** \$15.00

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**TOTAL= 169**

All plan review fees, inspection fees, municipal fees and state fees shall be paid at time of permit issue. Failure to pay account may result in permit revocation and shall result in denial of final approval and a delay in occupancy. Noted inspections may be waived or additional inspections may be required, at the discretion of the Code Official, as deemed necessary in order to insure Code Compliance. 1

# Commonwealth Code Inspection Service, Inc.

40 W. 11th. Ave., Suite F  
York, Pa. 17404

717-846-2004 Phone  
717-846-2294 Fax  
pete8@codeservices.net

## LIST OF REQUIRED INSPECTIONS

FOLLOWING IS A LIST OF INSPECTIONS THAT WOULD ORDINARILY BE REQUIRED FOR A PROJECT OF THIS TYPE. IT IS THE RESPONSIBILITY OF THE OWNER/CONTRACTOR TO VERIFY THAT ALL INSPECTION STAGES HAVE BEEN APPROVED PRIOR TO PROCEEDING TO THE NEXT PHASE OF THE PROJECT. PLEASE CONTACT YOUR INSPECTOR AT 717-846-2004 IF YOU HAVE ANY QUESTIONS ABOUT THE INSPECTION PROCESS. ESTIMATED NUMBER OF INSPECTIONS IF APPLICABLE: 1

**PLAN NUMBER** 1489-15

**OWNER NAME** Manges Mill Property Management

**PROJECT ADDRESS** 8930 Colonial Valley Rd.

### ORDINARY INSPECTIONS

- ☐ FOOTING-after excavation, forming, and placement of grade stakes. Prior to pouring concrete.
- ☐ FOUNDATION - After construction of foundation, waterproofing or damp-proofing as required, after placement of drain tile, stone filter fabric. Prior to backfilling.
- ☐ FRAMING- Following complete framing, rough plumbing, rough electrical, rough mechanical rough sprinkler and prior to installing insulation or covering.
- ☐ ELECTRICAL SERVICE - Following installation of service equipment and entrance conductors and prior to utility connection
- ☐ ELECTRICAL UNDERGROUND - Following installation of any conductors, conduits, etc. and prior to covering
- ☐ ELECTRICAL ROUGH-IN - Following installation of all conductors, outlets, etc. and prior to covering.
- ☐ ELECTRICAL FINAL- Following completed installation of all related equipment and prior to occupancy.
- ☐ PLUMBING UNDERGROUND - Following installation of building drains and water service piping and prior to covering.
- ☐ PLUMBING ROUGH-IN - Following installation of all drains, wastes, vents, water distribution, and mechanical systems and prior to covering.
- ☐ PLUMBING FINAL - Following completed installation of all related equipment and prior to occupancy
- ☐ MECHANICAL UNDERGROUND - Following installation of ducts and piping and prior to covering.
- ☐ MECHANICAL ROUGH-IN - Following installation of all ducts, piping systems and mechanical systems and prior to covering
- ☐ MECHANICAL FINAL - Following completed installation of all related equipment and prior to occupancy
- ☐ ENERGY UNDERGROUND - After installation of foundation/slab insulation and prior to covering
- ☐ ENERGY ROUGH-IN - Following installation of insulating material, firestopping and draftstopping. Prior to covering.
- ☐ ENERGY FINAL - After installation of all energy conservation components, systems, labeling and testing.
- ☐ DRYWALL- During installation, as required, to verify construction meeting a UL design for the required rating.

- ☒ **FINAL** - Following completion of all construction trades and prior to receiving certificate of occupancy. Use or Occupancy of any type is not authorized until after Certificate is issued.
- ☐ **CONCRETE** - After forming and prior to pouring
- ☐ **MASONRY** - Periodic inspection of masonry vapor barrier, reinforcement, and ties.
- ☐ **REINFORCEMENT** - After installation of any required masonry/concrete reinforcement and prior to covering
- ☐ **ACCESSIBILITY** - Periodic and final inspections to verify universal accessibility per the Pa. UCC, IBC Chapters 10 and 11, and ANSI A117.1
- ☐ **SPRINKLER UNDERGROUND** - Following installation of sprinkler service piping and thrust block, and prior to covering.
- ☐ **SPRINKLER ROUGH-IN** - Following installation of all distribution, branch piping and standpipes. Sprinkler systems shall be tested in accordance with NFPA 13 (200# for 2 hours) and tests shall be scheduled 48 hours in advance.
- ☐ **SPRINKLER FINAL** - Following completed installation of all related equipment and prior to occupancy.
- ☐ **FIRE ALARM** - During and following installation and testing of systems.
- ☐ **SPECIAL INSPECTIONS** - Special inspections required by the Pa. UCC, ICC Codes, Construction Documents, or Contract Documents shall be arranged by the Permit Holder or Agent and the results shall be submitted to CCIS for verification and evaluation.

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### ***INSPECTION NOTES***

1. Fire extinguishers shall be installed per NFPA 10; installation shall be field evaluated for code conformance.
2. Accessibility shall be field verified as conforming with IBC 2009 Chapter 11 and ANSI A117.1-2009.
3. All work, whether or not shown on the construction documents shall comply with the Pa. UCC (IBC and IRC as referenced). Work not shown will be field checked to determine compliance. Construction documents shall be on site at time of inspection; if not the inspection may be failed, at the discretion of the inspector, for failure to have them available for reference purpose.

*Those inspections annotated with a check mark are a required inspection for the work permitted. Noted inspections may be waived or additional inspections may be required, at the discretion of the Code Official, as deemed necessary in order to insure Code Compliance. Inspection approval must be obtained for the work currently complete before proceeding to the next step of construction listed in order for each trade.*

*All inspections will be conducted by Commonwealth Code Inspection Service, with the exception of special inspections required by the Pa. UCC and/or IBC Chapter 17; or as otherwise directed by the authority having jurisdiction. Special inspections shall be performed per the Pa. UCC and/or IBC Chapter 17. The applicant or authorized representative must request all regular inspections directly through Commonwealth Code Inspection Service, Inc. with at least 24 hours notice. Same day service may be provided if calls are received before 8:00 AM. Telephone 717-846-2004*

# APPLICATION FOR CERTIFICATE OF USE AND OCCUPANCY

|                                                                                                                                                                                    |                                |                                                          |                                        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------------------------------|----------------------------------------|
| Location (Exact Street Address)                                                                                                                                                    |                                | Business Name                                            |                                        |
| 8930 Colonial Valley Rd                                                                                                                                                            |                                | Menges Mill (Property) Management                        |                                        |
| Proposed Use (Use Back if necessary) Spring Grove                                                                                                                                  |                                | Current Use (or previous use if vacant)                  |                                        |
| Haunted Attraction + Social Club                                                                                                                                                   |                                | Haunted Attraction / Social Club                         |                                        |
| What part of the building will you occupy?                                                                                                                                         | How much space?                | Is space now vacant?                                     | How long has it been vacant?           |
| Mill - 1st floor + basement<br>Barn - 1st floor / Social Club - All                                                                                                                |                                | <input type="checkbox"/> Yes <input type="checkbox"/> No | Haunt - last Nov<br>Club - Mid Jul 14' |
| Applicant                                                                                                                                                                          |                                | Owner                                                    |                                        |
| Name                                                                                                                                                                               | Ken Kell                       | Kim Yates                                                | Additional Contact                     |
| Firm Name                                                                                                                                                                          | Menges Mill Management & same  |                                                          |                                        |
| Address                                                                                                                                                                            | 8930 Colonial Valley Rd & same |                                                          |                                        |
| City/State/Zip                                                                                                                                                                     | Spring Grove PA                |                                                          |                                        |
| Phone                                                                                                                                                                              | 717 331 8360                   | 410-258-2782                                             |                                        |
| Fax                                                                                                                                                                                |                                |                                                          |                                        |
| Mail Certificate to (check one): <input type="checkbox"/> Applicant <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Additional contact                          |                                |                                                          |                                        |
| Who will meet the inspector at the property? (check one): <input checked="" type="checkbox"/> Applicant <input type="checkbox"/> Owner <input type="checkbox"/> Additional Contact |                                |                                                          |                                        |

The undersigned hereby attests to the above information as accurately describing the premises and proposed occupancy to the best of his/her knowledge and ability and that he/she has the permission of the owner(s) or agent to make this application and allow all necessary inspections of the premises. Any falsification or misinformation may result in enforcement of penalties prescribed in local ordinance and state law. The undersigned understands that completion of this form does not allow occupancy of the premises.

Signature of Applicant

Date

4 Aug 14

DO NOT WRITE BELOW THIS LINE - FOR OFFICIAL USE ONLY

|                                                                                                                                                           |                                      |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|-----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Application Checklist                                                                                                                                     |                                      |                                   | Inspections                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Zoning Approval:                                                                                                                                          | <input type="checkbox"/> Special Use | <input type="checkbox"/> Variance | Inspections have been scheduled as follows:<br><br><input type="checkbox"/> Building/Construction<br><input type="checkbox"/> Plumbing<br><input type="checkbox"/> Electrical<br><input type="checkbox"/> Fire/Sprinkler<br><input type="checkbox"/> Health Department<br><br>Contact your local Building Code Department to schedule all necessary inspections or contact our main office at 717-564-2347<br>Inspector assigned to this job is: |
| Granted:                                                                                                                                                  | Expires:                             | Case #                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <input type="checkbox"/> Capacity placard required <input type="checkbox"/> Capacity calculation required <input type="checkbox"/> State Health Dept.     |                                      |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <input type="checkbox"/> Property has a boiler <input type="checkbox"/> Property has an elevator <input type="checkbox"/> Property has a sprinkler system |                                      |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Use & Occupancy Type (Ch.3):                                                                                                                              | Type of Construction (Ch.8)          | Design Occupant Load:             |                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Previous L&I Certificate:                                                                                                                                 | L&I Cert. Date:                      | L&I Certificate Use:              |                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                  |                                      |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Checked by Building Code Official:                                                                                                                        | <input type="checkbox"/> Fee Paid:   |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Certificate #                                                                                                                                             | Date:                                | Cancelled or rejected:            |                                                                                                                                                                                                                                                                                                                                                                                                                                                  |

APPROVED FOR CONSTRUCTION

2009 IBC/IRC

SEP 21 2015

000163

- ① Include a copy of current L&I cert of occupancy
- ② Rough drawing of building marking egress.

# COMMONWEALTH OF PENNSYLVANIA

## DEPARTMENT OF LABOR AND INDUSTRY

### BUREAU OF OCCUPATIONAL AND INDUSTRIAL SAFETY



## OCCUPANCY PERMIT

THE FOLLOWING BUILDING HAS BEEN INSPECTED BY THE DEPARTMENT OF LABOR AND INDUSTRY AND HAS BEEN FOUND TO BE IN COMPLIANCE WITH THE FIRE AND PANIC LAW, (ACT 299, APRIL 27, P.L. AS AMENDED), AND THE PLANS APPROVED BY THE DEPARTMENT UNDER THE FILE NUMBER AND DATE LISTED BELOW.

MENGES MILL MANAGEMENT  
5930 COLONIAL VALLEY RD  
HEIDELBERG TOWNSHIP PA 17362

APPROVED FOR CONSTRUCTION  
2009 IBC/IRC

SEP 21 2015

*John Schelling* 000163

APPROVAL IS FOR THE FOLLOWING CLASSIFICATION(S):

A2 ASSEMBLY(101 THRU 500)  
DO ORDINARY COMMERCIAL, INDUSTRIAL, OFFICE

THIS OCCUPANCY PERMIT AUTHORIZES OCCUPANCY OF THIS BUILDING AS LONG AS THE BUILDING IS MAINTAINED IN ACCORDANCE WITH THE FIRE AND PANIC LAW, REGULATIONS AND THE PLAN APPROVAL.

| FILE<br>NUMBER | PLAN<br>APPROVAL<br>DATE | PLAN<br>CODE | DRAWING<br>INDEX | FIELD<br>INSPECTION<br>DATE | INDUSTRIAL<br>BOARD<br>VARIANCE | ACCESSIBILITY<br>BOARD<br>VARIANCE |
|----------------|--------------------------|--------------|------------------|-----------------------------|---------------------------------|------------------------------------|
| 000279027      | 09/11/1996               | B            | 1996-09575       | 10/28/1996                  | 07/01/1996                      |                                    |

M KEANE

INSPECTOR

446

*Kevin D. Peck*

DIRECTOR

BUREAU OF OCCUPATIONAL AND INDUSTRIAL SAFETY

# COMMONWEALTH OF PENNSYLVANIA

## DEPARTMENT OF LABOR AND INDUSTRY

### BUREAU OF OCCUPATIONAL AND INDUSTRIAL SAFETY



## OCCUPANCY PERMIT

THE FOLLOWING BUILDING HAS BEEN INSPECTED BY THE DEPARTMENT OF LABOR AND INDUSTRY AND HAS BEEN FOUND TO BE IN COMPLIANCE WITH THE FIRE AND PANIC LAW, (ACT 299, APRIL 27, P. L. 465 AS AMENDED), AND THE PLANS APPROVED BY THE DEPARTMENT UNDER THE FILE NUMBER AND DATE LISTED BELOW.

HAUNTED MILL  
COLONIAL VALLEY RD  
HAUNTED MILL  
HEIDELBERG TOWNSHIP PENNSYLVANIA 17346

APPROVED FOR CONSTRUCTION  
2009 IBC/IRC

SEP 21 2015

*Ch. Schilling* 000163

APPROVAL IS FOR THE FOLLOWING CLASSIFICATION(S):  
A2 ASSEMBLY

THIS OCCUPANCY PERMIT AUTHORIZES OCCUPANCY OF THIS BUILDING AS LONG AS THE BUILDING IS MAINTAINED IN ACCORDANCE WITH THE FIRE AND PANIC LAW, REGULATIONS AND THE PLAN APPROVAL.

| FILE<br>NUMBER | PLAN<br>APPROVAL<br>DATE | PLAN<br>CODE | DRAWING<br>INDEX | FIELD<br>INSPECTION<br>DATE | INDUSTRIAL<br>BOARD<br>VARIANCES | ACCESSIBILITY<br>BOARD<br>VARIANCES |
|----------------|--------------------------|--------------|------------------|-----------------------------|----------------------------------|-------------------------------------|
| 279024         | 09/11/96                 | B            | 96-09571         | 9-24-96                     | 7-1-96                           | ✓                                   |

*Keane*  
KEANE

M

INSPECTOR

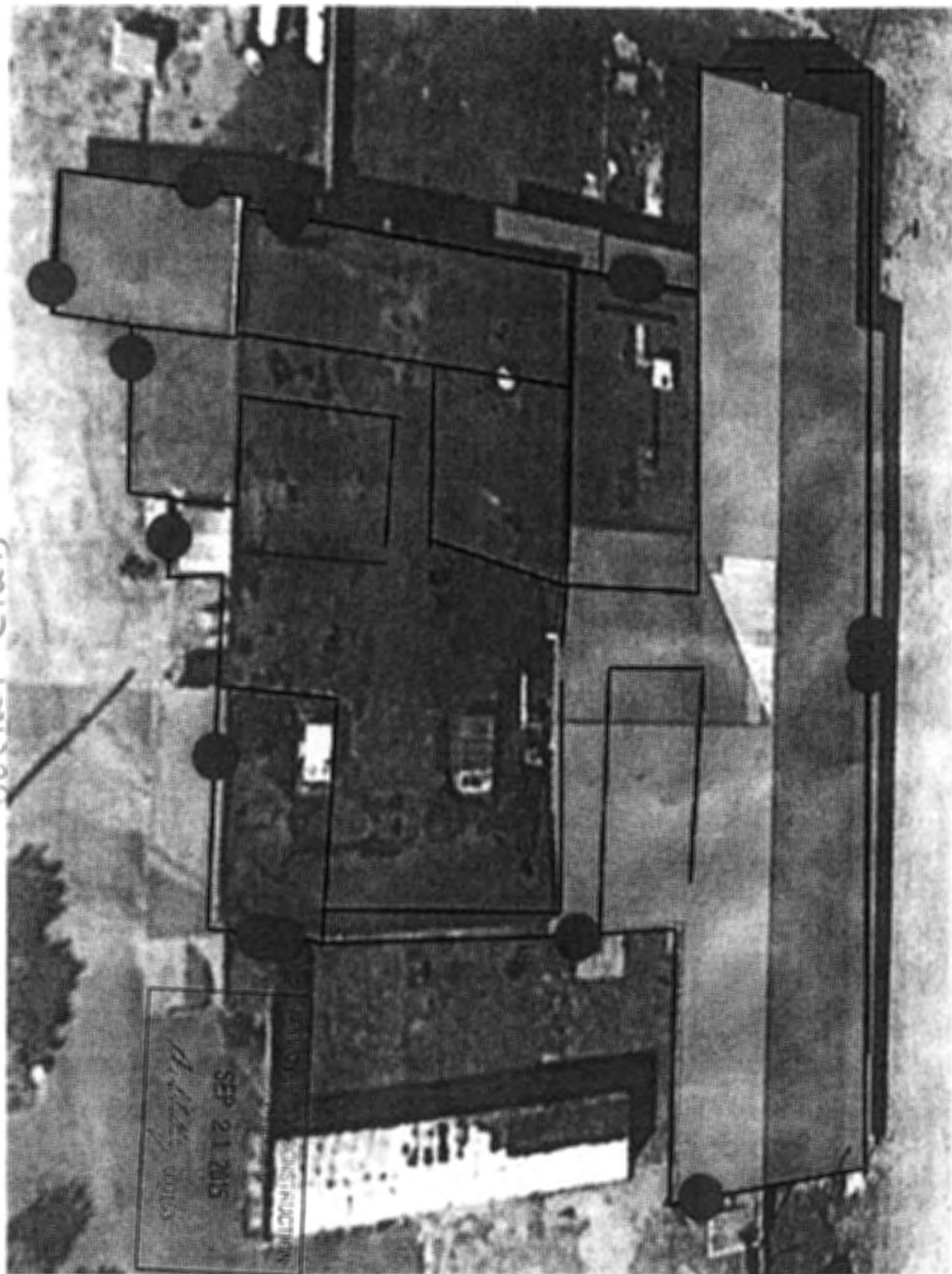
446

*Charles J. Suddens*

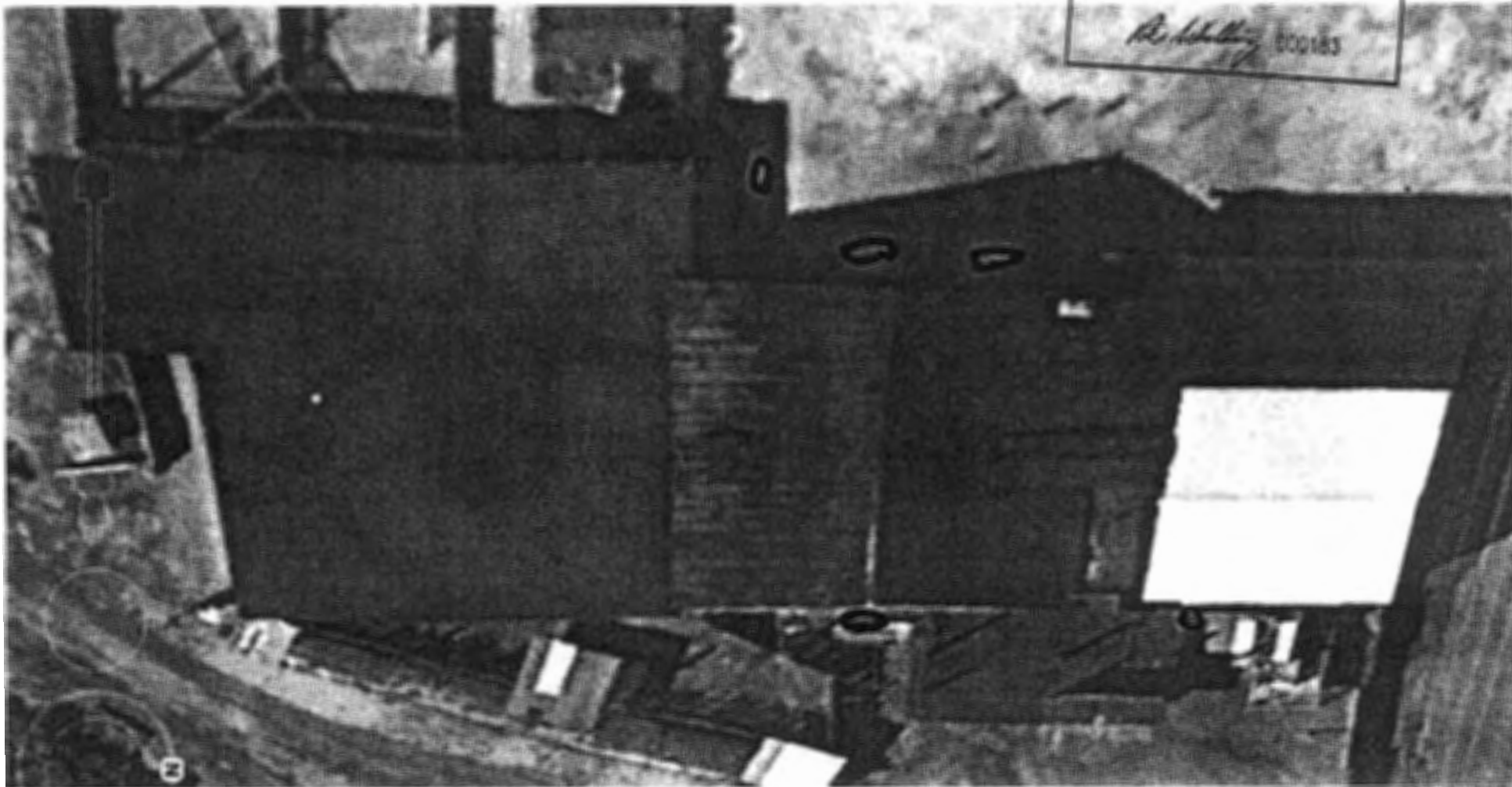
DIRECTOR

Bureau of Occupational and Industrial Safety

Social club



APPROVED FOR CONSTRUCTION  
2009 IBC/IRC  
SEP 21 2015  
*R. H. H. H.* 000183



Haunted Mill

# HEIDELBERG TOWNSHIP, YORK COUNTY

**Zoning Officer**

**6424 York Road  
Spring Grove PA 17362  
717-225-6606**

September 20, 2016

Kim Yates  
5930 Colonial Valley Road  
Spring Grove PA 17362

Dear Kim,

Upon inspection of your facility, located at the above address, by the Porters Community Fire Company, they found no significant changes to the inside of the structures. Everything appears to be as it was when our inspectors approved the "Certificate of Occupancy", in accordance with the "Uniform Construction" laws adopted in Pennsylvania.

Respectfully,

Norma Markle  
Zoning Officer

# HEIDELBERG TOWNSHIP, YORK COUNTY

Zoning Officer

6424 York Road  
Spring Grove PA 17362  
717-225-6606

September 22, 2015

Kim Yates  
5930 Colonial Valley Road  
Spring Grove PA 17362

Dear Kim,

Upon inspection of your facility by the Porters Fire Company, located at the above address, they found no significant changes to the inside of the structures. Everything appears to be as it was when our inspectors approved the "Certificate of Occupancy", in accordance with the "Uniform Construction" laws adopted in Pennsylvania.

Respectfully,

Norma Markle  
Zoning Officer

COPY

sent  
8/31/16**CERTIFICATE OF OCCUPANCY**

*This certificate is issued to declare, to the best of our belief and knowledge, that though a systematic inspection process this structure was built in accordance with the Pennsylvania Uniform Construction Code specified and as contained in the Municipal Ordinances. This certificate does not guarantee efficiency, wearing qualities, maintenance or repair and neither the inspector, company nor the municipality shall be liable for any damages resulting from any defect or fault in the materials or specifications, including repair, reconstruction, personal injury, or death of any person. This certificate covers only those items described in the covered I.C.C. Codes as pertaining to the Municipal Ordinances. This structure has been inspected through out its construction and has been built to the required specifications as required by the Municipality.*

**MUNICIPAL PERMIT NUMBER:****PLAN NUMBER:** 1036-16**PERMIT DATE:** 6/30/2016**PROJECT ADDRESS:** 5930 Colonial Valley Rd.**MUNICIPALITY:** Heidelberg Township**COUNTY:** York**TAX MAP:****USE GROUP:** A3**CODE + YEAR:** IBC 2009  
IBC 2015 CHAPTER  
11**CONSTRUCTION TYPE:** 5B**SPRINKLER:** 0**ACCESSIBILITY VARIANCE #****PERMIT HOLDER** Kimberly L Yates/Menges Mill Mgmt  
5930 Colonial Valley Rd  
Spring Grove, Pa. 17362**PERMIT TO:***construct a concrete deck, shower, bathrooms and a ramp*

Additional conditions of occupancy on reverse side

copyright 2004 CSI

*Peter Schalling*

Building Code Official

8/29/2016

Final Inspection Date

COPY

sent

- 8/19/16 -

**CERTIFICATE OF OCCUPANCY**

This certificate is issued to declare, to the best of our belief and knowledge, that though a systematic inspection process this structure was built in accordance with the Pennsylvania Uniform Construction Code specified and as contained in the Municipal Ordinances. This certificate does not guarantee efficiency, wearing qualities, maintenance or repair and neither the Inspector, company nor the municipality shall be liable for any damages resulting from any defect or fault in the materials or specifications, including repair, reconstruction, personal injury, or death of any person. This certificate covers only those items described in the covered I.C.C. Codes as pertaining to the Municipal Ordinances. This structure has been inspected through out its construction and has been built to the required specifications as required by the Municipality.

**MUNICIPAL PERMIT NUMBER:****PLAN NUMBER:** 0717-16**PERMIT DATE:** 5/19/2016**PROJECT ADDRESS:** 5930 Colonial Valley Rd.**MUNICIPALITY:** Heidelberg Township**COUNTY:** York**TAX MAP:****USE GROUP:** A4**CODE + YEAR:** IBC 2009  
IBC 2015 CHAPTER  
11**CONSTRUCTION TYPE:** 5B**SPRINKLER:** 0**ACCESSIBILITY VARIANCE #****PERMIT HOLDER:** Menges Mills Mgmt  
5930 Colonial Valley Rd  
Spring Grove, Pa. 17331**PERMIT TO:**

construct a commercial swimming pool (POOL ONLY)

Additional conditions of occupancy on reverse side

copyright 2004 CSI



Building Code Official

8/17/2016

Final Inspection Date

# Commonwealth Code Inspection Service, Inc.

40 W. 11th. Ave., Suite F  
York, Pa. 17404

717-846-2004 Phone  
717-846-2294 Fax  
pete8@codeservices.net

## Plan Review and Inspection Invoice

PERMIT NUMBER 2034-25

PERMIT DATE 10/23/2025

COMMERCIAL ☒

### PERMIT NOTES

install 400amp service

### OWNER

Menges Mill Management, LLC  
1202 Berkwood Rd.  
Rosedale, md 21237

OWNER PHONE 410-258-2782

PROJECT ADDRESS 5932 Colonial Valley Rd.

PROJECT MUNICIPALITY Heidelberg Township

PLAN REVIEW FEE \$15.00

INSPECTION FEE \$85.00

PA. STATE FEES \$0.00

ADMINISTRATIVE FEE: \$15.00

TOTAL= 115

All plan review fees, inspection account may result in permit inspections may be waived or necessary in order to insure date. 1

Check.com www.checks.com

Rhonda and Robert Likens  
115 Farm House Lane  
York, PA 17408

7-11/520  
SECURED BY  
EZSHIELD

3085

Date 10/29/25

Pay to the order of CCIS \$ 115.00

One Hundred Fifteen & 00/100

Dollars

M&T BANK

Memo

986185842210 3085



**HEIDELBERG**

**Township Municipal**

EST. 1750 YORK COUNTY PENNSYLVANIA

## **BUILDING PERMIT**

**PERMIT NO: B25-031**

**PERMIT DATE: 10/28/2025**

**PERMIT EXPIRATION: 10/28/2026**

**ISSUED TO: Menges Mills Management**

**PROJECT ADDRESS: 5932 Colonial Valley Road  
Spring Grove, PA 17362**

**DESCRIPTION OF WORK: Upgrade Electrical Service**

**ISSUED BY: *Chris Walker* DATE: 10/28/2025**

Chris Walker Zoning Officer, BCO

**OWNER:**

OR AUTHORIZED AGENT

**DATE: / /2025**

**PERMIT NOT VALID UNTIL SIGNED**

I have read this permit, the inspection checklist, and any notes or addendums on or attached to the Permit and/or Submitted Construction Documents. I understand the obligations, as well as the privileges granted by this permit and agree, by adding my signature, that the work shall be performed in accordance with applicable Codes.



# HEIDELBERG

## Township Municipal

EST. 1750 YORK COUNTY PENNSYLVANIA

# BUILDING PERMIT

**PERMIT NO:** B25-003

**PERMIT DATE:** 02/03/2025

**PERMIT EXPIRATION:** 02/03/2026

**ISSUED TO:** Menges Mills Management **OWNER:** Kim Yates

**PROJECT ADDRESS:** 5930 Colonial Valley Road  
Spring Grove, PA 17362

**DESCRIPTION OF WORK:** Install prefabricated cabanas on pool patio area

**ISSUED BY:** *Chris Walker* **DATE:** 02/03/2025

Chris Walker Zoning Officer, BCO

**OWNER:** **DATE:** / /2025  
**OR AUTHORIZED AGENT** **PERMIT NOT VALID UNTIL SIGNED**

I have read this permit, the inspection checklist, and any notes or addendums on or attached to the Permit and/or Submitted Construction Documents. I understand the obligations, as well as the privileges granted by this permit and agree, by adding my signature, that the work shall be performed in accordance with applicable Codes.

**Heidelberg Township**  
**BUILDING PERMIT**

---

**PERMIT NUMBER 2034-25**

---

**PERMIT DATE** 10/23/2025 **PERMIT EXPIRATION DATE** 10/23/2026

**OWNER** Menges Mill Management, LLC

**PROJECT ADDRESS**

**5932 Colonial Valley Rd.**

**PROJECT COUNTY** York

**USE GROUP** U **CONSTRUCTION TYPE** 5B ☐ **SPRINKLER** ☒ **COMMERCIAL**

**APPLICABLE CODE-YEAR** 2018 IBC **ANSI A117.1** 03 ☐ 09 ☐ 18 ☐

**ENERGY CODE:** ☐ IRC Energy ☐ IECC Energy ☐ Rescheck/Comcheck ☐ Pa. Alt. Energy Code

**THIS IS A PERMIT TO:**

install 400amp service

---

A Permit to install 400amp service at 5932 Colonial Valley Rd. has been granted according to the Municipal Building Code of Heidelberg Township. This Permit has been granted to the property owner under the condition that work on this project shall conform to the Municipal Building Code of Heidelberg Township and the Pennsylvania Uniform Construction Code, (2018 IBC edition), the submitted and approved Construction Documents, and all other applicable Laws and Regulations. Furthermore, the Owner shall be responsible for insuring that all required inspections are scheduled and performed and that right of entry, for inspection purposes, shall be granted to the appropriate Code Inspection and Enforcement Authorities. Access shall be granted during normal business hours in accordance with the Pennsylvania Uniform Construction Code.

---

I have read this Permit, the inspection check list, and any notes or addendums on or attached to the Permit and/or Submitted Construction Documents. I understand the obligations, as well as the privileges granted by this permit and agree, by adding my signature, that the work shall be performed in accordance with applicable Codes.



10/23/2025

\_\_\_\_\_  
Building Code Official or Authorized Agent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner or Authorized Agent

\_\_\_\_\_  
Date

Permit Is Not Valid Until Signed

# *Commonwealth Code Inspection Service, Inc.*

40 W. 11th. Ave., Suite F  
York, Pa. 17404

717-846-2004 Phone  
717-846-2294 Fax  
pete8@codeservices.net

## *Plan Review and Inspection Invoice*

---

**PERMIT NUMBER** 2034-25

**PERMIT DATE** 10/23/2025

**COMMERCIAL** ☒

**PERMIT NOTES**

install 400amp service

---

**OWNER** Menges Mill Management, LLC  
1202 Berkwood Rd.  
Rosedale, md 21237

**OWNER PHONE** 410-258-2782

**PROJECT ADDRESS** 5932 Colonial Valley Rd.

**PROJECT MUNICIPALITY** Heidelberg Township

**PLAN REVIEW FEE** \$15.00

**INSPECTION FEE** \$85.00

**PA. STATE FEES** \$0.00

**ADMINISTRATIVE FEE:** \$15.00

---

**TOTAL= 115**

All plan review fees, inspection fees, municipal fees and state fees shall be paid at time of permit issue. Failure to pay account may result in permit revocation and shall result in denial of final approval and a delay in occupancy. Noted inspections may be waived or additional inspections may be required, at the discretion of the Code Official, as deemed necessary in order to insure Code Compliance. Partial refunds will be considered if requested withing 30 days of the permit date. 1

# Commonwealth Code Inspection Service, Inc.

40 W. 11th. Ave., Suite F  
York, Pa. 17404

717-846-2004 Phone  
717-846-2294 Fax  
pete8@codeservices.net

## APPROVED PLAN REVIEW

**PLAN NUMBER** 2034-25

**DATE APPROVED** 10/23/2025

**PROJECT MUNICIPALITY** Heidelberg Township

**PROJECT ADDRESS** 5932 Colonial Valley Rd.

**PROJECT DESCRIPTION** install 400amp service

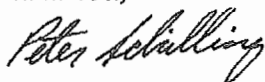
**OWNER** Menges Mill Management, LLC

The above referenced project install 400amp service has been reviewed in accordance with the Pa. UCC and found to be generally in conformance with the referenced model building codes. I recommend that a Building Permit should be issued to the applicant. I have the following comments that should be noted on the Permit:

1. Fire extinguishers shall be installed per NFPA 10; installation shall be field evaluated for code conformance.
2. Accessibility shall be field verified as conforming with IBC 2018 Chapter 11 and ANSI A117.1-2018.
3. All work, whether or not shown on the construction documents shall comply with the PA UCC (IBC and IRC as referenced). Work not shown will be field checked to determine compliance. Construction documents shall be on site at time of inspection; if not the inspection may be failed, at the discretion of the inspector, for failure to have them available for reference purpose.

*Please call me if you have any Questions.*

*Thank You,*



Plan Reviewer

Page 1 of 1

**COMMONWEALTH CODE INSPECTION SERVICE, INC.**  
**717-846-2004**

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**SCHEDULING INSPECTIONS**

Our inspectors are in from 6:00 am to 8:00 am Monday through Friday to schedule inspections. You may leave inspections on voicemail as long as you are not requesting specific times, please note that due to the high number of inspections at this time we CANNOT guarantee any inspection time, you may REQUEST an inspection time and we will try our best to get there as close to the time you requested.

To leave an inspection on voicemail please make sure you include:

Your Name  
A contact phone number  
Property Address  
City  
Municipality  
Permit number (this is very important)  
Which inspection you are requesting

Below is a list of inspections that you MAY be required to have done, please refer to your inspection checklist included with your permit as to which inspections you need. If your fee was collected by the Municipality that fee was based on the following inspections being done and correct (no violations) in the manner listed below:

Footing (all footings that are to be dug for entire project, includes houses, garages, decks, etc.  
(unless a separate permit is pulled for each)

Foundation (should include: underground plumbing, slab, damp proofing, rebar. (All of these items can be inspected at the same time)

Framing rough in \  
Plumbing/Mechanical rough in -----(All of these inspections should be done at the same time)  
Electrical rough in electrical service /

Insulation rough in

Drywall

Final

If we are called out for additional trips due to violations or for example; service not ready at time of electrical rough in, and we have to come back, a fee of NO LESS THAN \$50.00 will be charged to the permit applicant and/or the property owner. We have the right to withhold certificate's of compliance until any additional fees are paid. If you have any questions please contact our office or an inspector, we will try to answer any questions you may have.

# Commonwealth Code Inspection Service, Inc.

40 W. 11th. Ave., Suite F  
York, Pa. 17404

717-846-2004 Phone  
717-846-2294 Fax  
pete8@codeservices.net

## LIST OF REQUIRED INSPECTIONS

FOLLOWING IS A LIST OF INSPECTIONS THAT WOULD ORDINARILY BE REQUIRED FOR A PROJECT OF THIS TYPE. IT IS THE RESPONSIBILITY OF THE OWNER/CONTRACTOR TO VERIFY THAT ALL INSPECTION STAGES HAVE BEEN APPROVED PRIOR TO PROCEEDING TO THE NEXT PHASE OF THE PROJECT. PLEASE CONTACT YOUR INSPECTOR AT 717-846-2004 IF YOU HAVE ANY QUESTIONS ABOUT THE INSPECTION PROCESS. ESTIMATED NUMBER OF INSPECTIONS IF APPLICABLE: 1

PLAN NUMBER 2034-25

OWNER NAME Menges Mill Management, LLC

PROJECT ADDRESS 5932 Colonial Valley Rd.

ASSIGNED INSPECTOR Pete Schilling 717-846-2004 x101

### ORDINARY INSPECTIONS

- ☐ FOOTING-after excavation, forming, and placement of grade stakes. Prior to pouring concrete.
- ☐ FOUNDATION - After construction of foundation, waterproofing or damp-proofing as required, after placement of drain tile, stone filter fabric. Prior to backfilling.
- ☐ FRAMING- Following complete framing, rough plumbing, rough electrical, rough mechanical rough sprinkler and prior to installing insulation or covering.
- ☒ ELECTRICAL SERVICE - Following installation of service equipment and entrance conductors and prior to utility connection
- ☐ ELECTRICAL UNDERGROUND - Following installation of any conductors, conduits, etc. and prior to covering
- ☐ ELECTRICAL ROUGH-IN - Following installation of all conductors, outlets, etc. and prior to covering.
- ☐ ELECTRICAL FINAL- Following completed installation of all related equipment and prior to occupancy.
- ☐ PLUMBING UNDERGROUND - Following installation of building drains and water service piping and prior to covering.
- ☐ PLUMBING ROUGH-IN - Following installation of all drains, wastes, vents, water distribution, and mechanical systems and prior to covering.
- ☐ PLUMBING FINAL - Following completed installation of all related equipment and prior to occupancy
- ☐ MECHANICAL UNDERGROUND - Following installation of ducts and piping and prior to covering.
- ☐ MECHANICAL ROUGH-IN - Following installation of all ducts, piping systems and mechanical systems and prior to covering
- ☐ MECHANICAL FINAL - Following completed installation of all related equipment and prior to occupancy

- ☐ ENERGY UNDERGROUND - After installation of foundation/slab insulation and prior to covering
- ☐ ENERGY ROUGH-IN - Following installation of insulating material, firestopping and draftstopping. Prior to covering.
- ☐ ENERGY FINAL - After installation of all energy conservation components, systems, labeling and testing.
- ☐ DRYWALL- During installation, as required, to verify construction meeting a UL design for the required rating.
- ☐ FINAL - Following completion of all construction trades and prior to receiving certificate of occupancy. Use or Occupancy of any type is not authorized until after Certificate is issued.
- ☐ MASONRY - Periodic inspection of masonry vapor barrier, reinforcement, and ties.
- ☐ ACCESSIBILITY - Periodic and final inspections to verify universal accessibility per the Pa. UCC, IBC Chapters 10 and 11, and ANSI A117.1
- ☐ SPRINKLER UNDERGROUND - Following installation of sprinkler service piping and thrust block, and prior to covering.
- ☐ SPRINKLER ROUGH-IN - Following installation of all distribution, branch piping and standpipes. Sprinkler systems shall be tested in accordance with NFPA 13 (200# for 2 hours) and tests shall be scheduled 48 hours in advance.
- ☐ SPRINKLER FINAL - Following completed installation of all related equipment and prior to occupancy.
- ☐ FIRE ALARM - During and following installation and testing of systems.

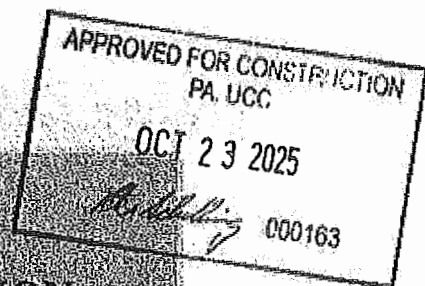
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### **INSPECTION NOTES**

1. Fire extinguishers shall be installed per NFPA 10; installation shall be field evaluated for code conformance.
2. Accessibility shall be field verified as conforming with IBC 2018 Chapter 11 and ANSI A117.1-2018.
3. All work, whether or not shown on the construction documents shall comply with the PA UCC (IBC and IRC as referenced). Work not shown will be field checked to determine compliance. Construction documents shall be on site at time of inspection; if not the inspection may be failed, at the discretion of the inspector, for failure to have them available for reference purpose.

***Those inspections annotated with a check mark are a required inspection for the work permitted. Noted inspections may be waived or additional inspections may be required, at the discretion of the Code Official, as deemed necessary in order to insure Code Compliance. Inspection approval must be obtained for the work currently complete before proceeding to the next step of construction listed in order for each trade.***

***All inspections will be conducted by Commonwealth Code Inspection Service, with the exception of special inspections required by the Pa. UCC and/or IBC Chapter 17; or as otherwise directed by the authority having jurisdiction. Special inspections shall be performed per the Pa. UCC and/or IBC Chapter 17. The applicant or authorized representative must request all regular inspections directly through Commonwealth Code Inspection Service, Inc. with at least 24 hours notice. Same day service may be provided if calls are received before 8:00 AM. Telephone 717-846-2004***



Heidelberg Township  
York County, Pennsylvania  
**BUILDING PERMIT APPLICATION**

Use this form for all PA UCC required projects.

**LOCATION OF PROJECT**

Site Address: 5932 Colonial Valley Rd Spring Grove PA Parcel Number: 30600FFA16300  
Property Owner: Kim Yates - Merges Mill Management LLC  
Owner Address (if different than project): 1202 Berkwood Rd. Rosedale MD 21237  
Owner Phone: 410-258-2782 Owner Email: Kimskrypr@aol.com

**CONTRACTOR INFORMATION**

All contractors/persons working in Heidelberg Township are required to have the appropriate licenses.

General Contractor: \_\_\_\_\_ Phone: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_  
Plumber: \_\_\_\_\_ Phone: \_\_\_\_\_  
Electrician: Robert Likens Phone: 413-694-7232  
HVAC: \_\_\_\_\_ Phone: \_\_\_\_\_  
Additional Specialty: \_\_\_\_\_ Phone: \_\_\_\_\_

**LICENSE NUMBER**

PA 153312

**TYPE OF WORK**

**USE OF PROPOSED**

Check all that apply:  
☐ New Construction  
☒ Electrical  
☐ Plumbing  
☐ Mechanical  
☐ Addition  
☐ Structural Alteration  
☐ Accessory Building  
☐ Moving/Relocating  
☐ Foundation/Slab  
☐ Deck over 30 inches  
☐ Other \_\_\_\_\_

**Residential**  
Change of Use Created ☐ YES ☐ NO  
☐ Attached ☐ Detached  
☐ Single Family Dwelling  
☐ Two Family Dwelling  
☐ Multi-Family - Number of Units: \_\_\_\_\_  
☐ Accessory Building  
☐ Other: \_\_\_\_\_  
**PAID**  
If your project is exempt from inspections or does not meet inspection criteria, a ZONING PERMIT APPLICATION should be used instead of this Building Permit Application

**NON-Residential**  
Change of Use Created ☐ YES ☒ NO  
☐ Industrial  
☐ Commercial  
☐ Service Station/Repair Garage  
☐ Medical/Institutional Facility  
☐ Office/Professional  
☐ Transient Hotel/Motel/Dormitory  
Number of Transient Units: \_\_\_\_\_  
☐ Other: \_\_\_\_\_

MUST BE COMPLETED:

ESTIMATED COST OF IMPROVEMENT: \$ \$4660.00

OWNERSHIP: Private ☐ Public ☐

# Heidelberg Township York County, Pennsylvania

## BUILDING PERMIT APPLICATION

Page 2

### BUILDING CHARACTERISTICS

|                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>CONSTRUCTION TYPE</b><br><input type="checkbox"/> Stick Built on site<br><input type="checkbox"/> Pre-Built structure<br><input type="checkbox"/> Manufactured/Industrialized<br><input type="checkbox"/> Other _____                                                                                                      | <b>PRINCIPAL FRAME TYPE</b><br><input type="checkbox"/> Wood Frame<br><input type="checkbox"/> Masonry (wall bearing)<br><input type="checkbox"/> Structural Steel<br><input type="checkbox"/> Reinforced Concrete<br><input type="checkbox"/> Other (Specify) _____                                                                                                                                                                                                                                                                                                                                                                                | <b>PRINCIPAL ROOF TYPE</b><br><input type="checkbox"/> Asphalt Shingle<br><input type="checkbox"/> Metal<br><input type="checkbox"/> Wood<br><input type="checkbox"/> Rubber<br><input type="checkbox"/> Other (Specify) _____                                                                                  |
| <b>PARKING SPACES OFF STREET</b><br><input type="checkbox"/> Enclosed Spaces (Garage)<br><input type="checkbox"/> Outdoor Spaces<br><input type="checkbox"/> Handicap (if required)<br><input type="checkbox"/> Van Accessible (if required)<br><input type="checkbox"/> TOTAL                                                | <b>WATER and SEWAGE</b><br><input type="checkbox"/> Public Water<br><input type="checkbox"/> Private Well<br>Well Permit Number: _____<br>Septic System Type: _____<br>Septic Permit Number: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>SIDING TYPE(S)</b><br><input type="checkbox"/> Vinyl Siding<br><input type="checkbox"/> Wood Siding<br><input type="checkbox"/> Metal or Aluminum<br><input type="checkbox"/> Masonry, Brick, Block, Stone, etc.<br><input type="checkbox"/> Stucco/Dryvit<br><input type="checkbox"/> Other (Specify) _____ |
| <b>BUILDING DIMENSIONS</b><br><input type="checkbox"/> Number of Stories _____<br>Basement: Yes/No Finished/Unfinished _____<br>Attic or Other Storage Area: Yes/No _____<br>Total Building Area: _____ sq. ft.<br>Overall Size: _____ X _____<br>Building Height Above Grade: _____ ft.<br>Lot is _____ sq. ft// _____ acres | <b>FLOODPLAIN</b> - Is the site located within an identified flood hazard area? <input type="checkbox"/> YES <input type="checkbox"/> NO<br><b>WETLANDS</b> - Is the site located within an identified wetland area? <input type="checkbox"/> YES <input type="checkbox"/> NO<br><b>HISTORICAL AREA</b> - Is the site located within a historic district? <input type="checkbox"/> YES <input type="checkbox"/> NO<br><b>HOA</b> - Is the site located within a HOA Community? <input type="checkbox"/> YES <input type="checkbox"/> NO<br>If YES to the above question, who is the contact person for the association:<br>Name: _____ Phone: _____ |                                                                                                                                                                                                                                                                                                                 |

**DESCRIBE THE PROJECT IN DETAIL:** Install 400 amp electrical service with 2 panels of 200 amp each being fed from the 400 amp panel

The owner of this property and the undersigned agree to conform to all Federal, State and Local Laws and Ordinances of Heidelberg 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 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 his authorized agent. I understand that permits may be required by the County or State and local agencies and it is my responsibility to obtain any required permits prior to the start of construction.

Signature of Applicant/Representative: Robert Likens Date: 10/20/25  
 Print Name: Robert Likens Title/Rep: Owner Robert Likens Electric

**ATTACH A PLOT PLAN OF YOUR ENTIRE PROPERTY**



# HEIDELBERG

Township Municipal

EST. 1750 YORK COUNTY PENNSYLVANIA

# Invoice

Date:

10/28/2025

Credit Memo #

B25-031

6424 York Road Spring Grove, Pennsylvania 17362

Phone: 717-225-6606

Bill To:

Menges Mills Management  
5932 Colonial Valley Road  
Spring Grove, PA 17362

| DESCRIPTION       | AMOUNT  |
|-------------------|---------|
| Use and Occupancy | \$30.00 |
| PA State Fees     | \$4.50  |
|                   |         |
|                   |         |
|                   |         |
|                   |         |
|                   |         |
|                   |         |
|                   |         |
| OTHER             | \$0.00  |
| *Heidelberg Twp   |         |
| Total             | \$34.50 |

**Heidelberg Township**  
**York County, Pennsylvania**  
**BUILDING PERMIT APPLICATION**

Use this form for all PA UCC required projects

**LOCATION OF PROJECT**

Site Address: 5932 Colonial Valley Rd. Spring Grove PA Parcel Number: 30600FF015300  
Property Owner: Kim Yates - Menges Mill <sup>17362</sup> Management LLC  
Owner Address (if different than project): 1202 Berkwood Rd. Rosedale MD 21237  
Owner Phone: 410-258-2782 Owner Email: Kimskrypt@aol.com

**CONTRACTOR INFORMATION**

*All contractors/persons working in Heidelberg Township are required to have the appropriate licenses*

General Contractor: \_\_\_\_\_ Phone: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_  
Plumber: \_\_\_\_\_ Phone: \_\_\_\_\_  
Electrician: Robert Likens Phone: 4436947232  
HVAC: \_\_\_\_\_ Phone: \_\_\_\_\_  
Additional Specialty: \_\_\_\_\_ Phone: \_\_\_\_\_

**LICENSE NUMBER**

PA 153312

**TYPE OF WORK**

**USE OF PROPOSED**

| Check all that apply                           | Residential                                                                    | NON-Residential                                                                           |
|------------------------------------------------|--------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <input type="checkbox"/> New Construction      | Change of Use Created <input type="checkbox"/> YES <input type="checkbox"/> NO | Change of Use Created <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| <input checked="" type="checkbox"/> Electrical | <input type="checkbox"/> Attached <input type="checkbox"/> Detached            | <input type="checkbox"/> Industrial                                                       |
| <input type="checkbox"/> Plumbing              | <input type="checkbox"/> Single Family Dwelling                                | <input type="checkbox"/> Commercial                                                       |
| <input type="checkbox"/> Mechanical            | <input type="checkbox"/> Two Family Dwelling                                   | <input type="checkbox"/> Service Station/Repair Garage                                    |
| <input type="checkbox"/> Addition              | <input type="checkbox"/> Multi-Family - Number of Units _____                  | <input type="checkbox"/> Medical/Institutional Facility                                   |
| <input type="checkbox"/> Structural Alteration | <input type="checkbox"/> Accessory Building                                    | <input type="checkbox"/> Office/Professional                                              |
| <input type="checkbox"/> Accessory Building    | <input type="checkbox"/> Other: _____                                          | <input type="checkbox"/> Transient Hotel/Motel/Dormitory                                  |
| <input type="checkbox"/> Moving/Relocating     |                                                                                | Number of Transient Units: _____                                                          |
| <input type="checkbox"/> Foundation/Slab       |                                                                                | Other: _____                                                                              |
| <input type="checkbox"/> Deck over 30 inches   |                                                                                |                                                                                           |
| <input type="checkbox"/> Other _____           |                                                                                |                                                                                           |

**PAID**

*If your project is exempt from inspections or does not meet inspection criteria, a ZONING PERMIT APPLICATION should be used instead of this Building Permit Application*

**MUST BE COMPLETED:**

**ESTIMATED COST OF IMPROVEMENT: \$** \$4000.00

**OWNERSHIP: Private** ☐ **Public** ☐

# Heidelberg Township

## York County, Pennsylvania

### BUILDING PERMIT APPLICATION

Page 2

#### BUILDING CHARACTERISTICS

|                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>CONSTRUCTION TYPE</b><br><input type="checkbox"/> Stick Built on site<br><input type="checkbox"/> Pre-Built structure<br><input type="checkbox"/> Manufactured/Industrialized<br><input type="checkbox"/> Other _____                                                                                                    | <b>PRINCIPAL FRAME TYPE</b><br><input type="checkbox"/> Wood Frame<br><input type="checkbox"/> Masonry (wall bearing)<br><input type="checkbox"/> Structural Steel<br><input type="checkbox"/> Reinforced Concrete<br><input type="checkbox"/> Other (Specify) _____                                                                                                                                                                                                                                                                                                                                                                            | <b>PRINCIPAL ROOF TYPE</b><br><input type="checkbox"/> Asphalt Shingle<br><input type="checkbox"/> Metal<br><input type="checkbox"/> Wood<br><input type="checkbox"/> Rubber<br><input type="checkbox"/> Other (Specify) _____                                                                                  |
| <b>PARKING SPACES OFF STREET</b><br><input type="checkbox"/> Enclosed Spaces (Garage)<br><input type="checkbox"/> Outdoor Spaces<br><input type="checkbox"/> Handicap (if required)<br><input type="checkbox"/> Van Accessible (if required)<br><b>TOTAL</b> _____                                                          | <b>WATER and SEWAGE</b><br><input type="checkbox"/> Public Water<br><input type="checkbox"/> Private Well<br>Well Permit Number : _____<br>Septic System Type: _____<br>Septic Permit Number: _____                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>SIDING TYPE(S)</b><br><input type="checkbox"/> Vinyl Siding<br><input type="checkbox"/> Wood Siding<br><input type="checkbox"/> Metal or Aluminum<br><input type="checkbox"/> Masonry, Brick, Block, Stone, etc.<br><input type="checkbox"/> Stucco/Dryvit<br><input type="checkbox"/> Other (Specify) _____ |
| <b>BUILDING DIMENSIONS</b><br><input type="checkbox"/> Number of Stories _____<br>Basement: Yes/No Finished/Unfinished _____<br>Attic or Other Storage Area: Yes/No _____<br>Total Building Area: _____ sq. ft<br>Overall Size: _____ X _____<br>Building Height Above Grade: _____ ft<br>Lot is _____ sq. ft// _____ acres | <b>FLOODPLAIN-</b> Is the site located within an identified flood hazard area? <input type="checkbox"/> YES <input type="checkbox"/> NO<br><b>WETLANDS-</b> Is the site located within an identified wetland area? <input type="checkbox"/> YES <input type="checkbox"/> NO<br><b>HISTORICAL AREA-</b> Is the site located within a historic district? <input type="checkbox"/> YES <input type="checkbox"/> NO<br><b>HOA-</b> Is the site located within a HOA Community? <input type="checkbox"/> YES <input type="checkbox"/> NO<br>If YES to the above question, who is the contact person for the association:<br>Name: _____ Phone: _____ |                                                                                                                                                                                                                                                                                                                 |

**DESCRIBE THE PROJECT IN DETAIL:** Install 400 amp electrical service with 2 panels of 200 amp each being fed from the 400 amp panel

The owner of this property and the undersigned agree to conform to all Federal, State and Local Laws and Ordinances of Heidelberg 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 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 his authorized agent. I understand that permits may be required by the County or State and local agencies and it is my responsibility to obtain any required permits prior to the start of construction.

Signature of Applicant/Representative: Robert Likens Date: 10/20/25  
 Print Name: Robert Likens Title/Rep: Owner Robert Likens Electric

**ATTACH A PLOT PLAN OF YOUR ENTIRE PROPERTY**

MENGES MILL MANAGEMENT LLC  
5980 COLONIAL VALLEY RD  
SPRING GROVE, PA 17362

02/03/25

1685  
60-994/213  
624

Pay to the Order of Heidelberg Township \$ 34.50

Thirty-four dollars and 50 CENTS



For Cabana Inspections Jennifer H. Davis

1:03.130994.51: 25.5MB.71.01.51: 1585



MENGES MILL MANAGEMENT LLC  
8630 COLONIAL VALLEY RD  
SPRING GROVE, PA 17382

1686  
60.994/313

Pay to the  
Order of C C I S

\$ 465.00

02/03/25

Date

Four hundred - sixty - five dollars and no cents



ACNB BANK

for Cabana Inspections

Kimberly L. Davis

1:03 1:30 94 1:51 2:55 3:08 3:11 5:10 6:08 6:08

BLUE SHEPHERD



# HEIDELBERG

Township Municipal

EST. 1750 YORK COUNTY PENNSYLVANIA

# Invoice

Date:  
Credit Memo #

2/3/2025  
B25-003

6424 York Road Spring Grove, Pennsylvania 17362

Phone: 717-225-6606

Bill To: Menges Mills Management  
5930 Colonial Valley Road  
Spring Grove, PA 17362

| DESCRIPTION                      | AMOUNT  |
|----------------------------------|---------|
| Use and Occupancy Permit B25-003 | \$30.00 |
| PA State Fees                    | \$4.50  |
|                                  |         |
|                                  |         |
|                                  |         |
|                                  |         |
|                                  |         |
|                                  |         |
|                                  |         |
| OTHER                            | \$0.00  |
| *Heidelberg Twp                  |         |
| Total                            | \$34.50 |

# Commonwealth Code Inspection Service, Inc.

40 W. 11th. Ave., Suite F  
York, Pa. 17404

717-846-2004 Phone  
717-846-2294 Fax  
pete8@codeservices.net

## APPROVED PLAN REVIEW

**PLAN NUMBER** 0149-25

**DATE APPROVED** 1/28/2025

**PROJECT MUNICIPALITY** Heidelberg Township

**PROJECT ADDRESS** 5930 Colonial Valley Rd.

**PROJECT DESCRIPTION** install patio extension and cabanas

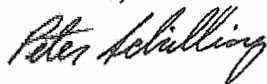
**OWNER** Menges Mill Management

The above referenced project install patio extension and cabanas has been reviewed in accordance with the Pa. UCC and found to be generally in conformance with the referenced model building codes. I recommend that a Building Permit should be issued to the applicant. I have the following comments that should be noted on the Permit:

1. Fire extinguishers shall be installed per NFPA 10; installation shall be field evaluated for code conformance.
2. Accessibility shall be field verified as conforming with IBC 2018 Chapter 11 and ANSI A117.1-2018.
3. All work, whether or not shown on the construction documents shall comply with the Pa. UCC (IBC and IRC as referenced). Work not shown will be field checked to determine compliance. Construction documents shall be on site at time of inspection; if not the inspection may be failed, at the discretion of the inspector, for failure to have them available for reference purpose.

*Please call me if you have any Questions.*

*Thank You,*



Plan Reviewer

Page 1 of 1

**Heidelberg Township**  
**BUILDING PERMIT**

---

**PERMIT NUMBER 0149-25**

---

**PERMIT DATE** 1/28/2025 **PERMIT EXPIRATION DATE** 1/28/2026

**OWNER** Menges Mill Management

**PROJECT ADDRESS**

**5930 Colonial Valley Rd.**

**PROJECT COUNTY** York

**USE GROUP** B **CONSTRUCTION TYPE** 5B ☐ **SPRINKLER** ☒ **COMMERCIAL**

**APPLICABLE CODE-YEAR** 2018 IBC **ANSI A117.1** 03 ☐ 09 ☒ 18 ☒

**ENERGY CODE:** ☐ IRC Energy ☐ IECC Energy ☐ Rescheck/Comcheck ☐ Pa. Alt. Energy Code

**THIS IS A PERMIT TO:**

install patio extension and cabanas

---

A Permit to install patio extension and cabanas at 5930 Colonial Valley Rd. has been granted according to the Municipal Building Code of Heidelberg Township. This Permit has been granted to the property owner under the condition that work on this project shall conform to the Municipal Building Code of Heidelberg Township and the Pennsylvania Uniform Construction Code, (2018 IBC edition), the submitted and approved Constructin Documents, and all other applicable Laws and Regulations. Futhermore, the Owner shall be responsible for insuring that all required inspections are scheduled and performed and that right of entry, for inspection purposes, shall be granted to the appropriate Code Inspection and Enforcement Authorities. Access shall be granted during normal business hours in accordance with the Pennsylvania Uniform Construction Code.

---

I have read this Permit, the inspection check list, and any notes or addendums on or attached to the Permit and/or Submitted Construction Documents. I understand the obligations, as well as the privledges granted by this permit and agree, by adding my signature, that the work shall be performed in accordance with applicable Codes.

*Peter Schalling*

1/28/2025

\_\_\_\_\_  
**Building Code Official or Authorized Agent**

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

\_\_\_\_\_  
**Owner or Authorized Agent**

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

**Permit Is Not Valid Until Signed**

# Commonwealth Code Inspection Service, Inc.

40 W. 11th. Ave., Suite F  
York, Pa. 17404

717-846-2004 Phone  
717-846-2294 Fax  
pete8@codeservices.net

## Plan Review and Inspection Invoice

**PERMIT NUMBER** 0149-25

**PERMIT DATE** 1/28/2025

**COMMERCIAL** ☒

### PERMIT NOTES

install patio extension and cabanas

### OWNER

Menges Mill Management  
5930 Colonial Valley Rd.  
Spring Grove, PA 17362

**OWNER PHONE** 410-258-2782

**PROJECT ADDRESS** 5930 Colonial Valley Rd.

**PROJECT MUNICIPALITY** Heidelberg Township

**PLAN REVIEW FEE** \$50.00

**INSPECTION FEE** \$400.00

**PA. STATE FEES** \$0.00

**ADMINISTRATIVE FEE:** \$15.00

**TOTAL= 465**

All plan review fees, inspection fees, municipal fees and state fees shall be paid at time of permit issue. Failure to pay account may result in permit revocation and shall result in denial of final approval and a delay in occupancy. Noted inspections may be waived or additional inspections may be required, at the discretion of the Code Official, as deemed necessary in order to insure Code Compliance. 4

**COMMONWEALTH CODE INSPECTION SERVICE, INC.**  
**717-846-2004**

---

***SCHEDULING INSPECTIONS***

Our inspectors are in from 6:00 am to 8:00 am Monday through Friday to schedule inspections. You may leave inspections on voicemail as long as you are not requesting specific times, please note that due to the high number of inspections at this time we CANNOT guarantee any inspection time, you may REQUEST an inspection time and we will try our best to get there as close to the time you requested.

To leave an inspection on voicemail please make sure you include:

Your Name  
A contact phone number  
Property Address  
City  
Municipality  
Permit number (this is very important)  
Which inspection you are requesting

Below is a list of inspections that you MAY be required to have done, please refer to your inspection checklist included with your permit as to which inspections you need. If your fee was collected by the Municipality that fee was based on the following inspections being done and correct (no violations) in the manner listed below:

Footings (all footings that are to be dug for entire project, includes houses, garages, decks, etc.  
(unless a separate permit is pulled for each)

Foundation (should include: underground plumbing, slab, damp proofing, rebar. (All of these items can be inspected at the same time)

Framing rough in \  
Plumbing/Mechanical rough in -----(All of these inspections should be done at the same time)  
Electrical rough in electrical service /

Insulation rough in

Drywall

Final

If we are called out for additional trips due to violations or for example; service not ready at time of electrical rough in, and we have to come back, a fee of NO LESS THAN \$50.00 will be charged to the permit applicant and/or the property owner. We have the right to withhold certificate's of compliance until any additional fees are paid. If you have any questions please contact our office or an inspector, we will try to answer any questions you may have.

# Commonwealth Code Inspection Service, Inc.

40 W. 11th. Ave., Suite F  
York, Pa. 17404

717-846-2004 Phone  
717-846-2294 Fax  
pete8@codeservices.net

## LIST OF REQUIRED INSPECTIONS

FOLLOWING IS A LIST OF INSPECTIONS THAT WOULD ORDINARILY BE REQUIRED FOR A PROJECT OF THIS TYPE. IT IS THE RESPONSIBILITY OF THE OWNER/CONTRACTOR TO VERIFY THAT ALL INSPECTION STAGES HAVE BEEN APPROVED PRIOR TO PROCEEDING TO THE NEXT PHASE OF THE PROJECT. PLEASE CONTACT YOUR INSPECTOR AT 717-846-2004 IF YOU HAVE ANY QUESTIONS ABOUT THE INSPECTION PROCESS. ESTIMATED NUMBER OF INSPECTIONS IF APPLICABLE: 4

**PLAN NUMBER** 0149-25

**OWNER NAME** Menges Mill Management

**PROJECT ADDRESS** 5930 Colonial Valley Rd.

**ASSIGNED INSPECTOR** Peter Schilling 717-846-2004 Ext.101

### ORDINARY INSPECTIONS

- ☐ FOOTING - after excavation, forming, and placement of grade stakes. Prior to pouring concrete.
- ☐ FOUNDATION - After construction of foundation, waterproofing or damp-proofing as required, after placement of drain tile, stone filter fabric. Prior to backfilling.
- ☒ FRAMING - Following complete framing, rough plumbing, rough electrical, rough mechanical rough sprinkler and prior to installing insulation or covering.
- ☐ ELECTRICAL SERVICE - Following installation of service equipment and entrance conductors and prior to utility connection
- ☐ ELECTRICAL UNDERGROUND - Following installation of any conductors, conduits, etc. and prior to covering
- ☒ ELECTRICAL ROUGH-IN - Following installation of all conductors, outlets, etc. and prior to covering.
- ☒ ELECTRICAL FINAL - Following completed installation of all related equipment and prior to occupancy.
- ☐ PLUMBING UNDERGROUND - Following installation of building drains and water service piping and prior to covering.
- ☐ PLUMBING ROUGH-IN - Following installation of all drains, wastes, vents, water distribution, and mechanical systems and prior to covering.
- ☐ PLUMBING FINAL - Following completed installation of all related equipment and prior to occupancy
- ☐ MECHANICAL UNDERGROUND - Following installation of ducts and piping and prior to covering.
- ☐ MECHANICAL ROUGH-IN - Following installation of all ducts, piping systems and mechanical systems and prior to covering
- ☐ MECHANICAL FINAL - Following completed installation of all related equipment and prior to occupancy

- ☐ ENERGY UNDERGROUND - After installation of foundation/slab insulation and prior to covering
- ☐ ENERGY ROUGH-IN - Following installation of insulating material, firestopping and draftstopping. Prior to covering.
- ☐ ENERGY FINAL - After installation of all energy conservation components, systems, labeling and testing.
- ☐ DRYWALL - During installation, as required, to verify construction meeting a UL design for the required rating.
- ☒ FINAL - Following completion of all construction trades and prior to receiving certificate of occupancy. Use or Occupancy of any type is not authorized until after Certificate is issued.
- ☐ MASONRY - Periodic inspection of masonry vapor barrier, reinforcement, and ties.
- ☒ ACCESSIBILITY - Periodic and final inspections to verify universal accessibility per the Pa. UCC, IBC Chapters 10 and 11, and ANSI A117.1
- ☐ SPRINKLER UNDERGROUND - Following installation of sprinkler service piping and thrust block, and prior to covering.
- ☐ SPRINKLER ROUGH-IN - Following installation of all distribution, branch piping and standpipes. Sprinkler systems shall be tested in accordance with NFPA 13 (200# for 2 hours) and tests shall be scheduled 48 hours in advance.
- ☐ SPRINKLER FINAL - Following completed installation of all related equipment and prior to occupancy.
- ☐ FIRE ALARM - During and following installation and testing of systems.

---

### **INSPECTION NOTES**

1. Fire extinguishers shall be installed per NFPA 10; installation shall be field evaluated for code conformance.
2. Accessibility shall be field verified as conforming with IBC 2018 Chapter 11 and ANSI A117.1-2018.
3. All work, whether or not shown on the construction documents shall comply with the Pa. UCC (IBC and IRC as referenced). Work not shown will be field checked to determine compliance. Construction documents shall be on site at time of inspection; if not the inspection may be failed, at the discretion of the inspector, for failure to have them available for reference purpose.

***Those inspections annotated with a check mark are a required inspection for the work permitted. Noted inspections may be waived or additional inspections may be required, at the discretion of the Code Official, as deemed necessary in order to insure Code Compliance. Inspection approval must be obtained for the work currently complete before proceeding to the next step of construction listed in order for each trade.***

***All inspections will be conducted by Commonwealth Code Inspection Service, with the exception of special inspections required by the Pa. UCC and/or IBC Chapter 17; or as otherwise directed by the authority having jurisdiction. Special inspections shall be performed per the Pa. UCC and/or IBC Chapter 17. The applicant or authorized representative must request all regular inspections directly through Commonwealth Code Inspection Service, Inc. with at least 24 hours notice. Same day service may be provided if calls are received before 8:00 AM. Telephone 717-846-2004***

# Heidelberg Township

## York County, Pennsylvania

### **BUILDING PERMIT APPLICATION**

Use this form for all PA UCC required projects

#### **LOCATION OF PROJECT**

Site Address: 5930 Colonial Valley Road Spring Grove Pennsylvania 17362 Parcel Number: 30-000-FF-0153.00-00000

Property Owner: Menges Mills Management ATTN\_KIM YATES

Owner Address (if different than project): \_\_\_\_\_

Owner Phone: 410-258-2782 Owner Email: kimskrypt@aol.com

#### **CONTRACTOR INFORMATION**

*All contractors/persons working in Heidelberg Township are required to have the appropriate licenses*

General Contractor: SELF-MENGES MILLS MANAGEMENT Phone: \_\_\_\_\_

Contact Person: JERRY WEST Phone: 443-447-8797

Plumber: \_\_\_\_\_ Phone: \_\_\_\_\_

Electrician: JUSTIN RUTLEDGE Phone: 443-392-4483

HVAC: \_\_\_\_\_ Phone: \_\_\_\_\_

Additional Specialty: \_\_\_\_\_ Phone: \_\_\_\_\_

#### **LICENSE NUMBER**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### **TYPE OF WORK**

#### **USE OF PROPOSED**

| Check all that apply                                   | Residential                                                                                                                                                                    | NON-Residential                                                                           |
|--------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <input type="checkbox"/> New Construction              | Change of Use Created <input type="checkbox"/> YES <input type="checkbox"/> NO                                                                                                 | Change of Use Created <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| <input checked="" type="checkbox"/> Electrical         | <input type="checkbox"/> Attached <input type="checkbox"/> Detached                                                                                                            | <input type="checkbox"/> Industrial _____                                                 |
| <input type="checkbox"/> Plumbing                      | <input type="checkbox"/> Single Family Dwelling                                                                                                                                | <input checked="" type="checkbox"/> Commercial _____                                      |
| <input type="checkbox"/> Mechanical                    | <input type="checkbox"/> Two Family Dwelling                                                                                                                                   | <input type="checkbox"/> Service Station/Repair Garage                                    |
| <input type="checkbox"/> Addition                      | <input type="checkbox"/> Multi-Family - Number of Units _____                                                                                                                  | <input type="checkbox"/> Medical/Institutional Facility                                   |
| <input type="checkbox"/> Structural Alteration         | <input type="checkbox"/> Accessory Building                                                                                                                                    | <input type="checkbox"/> Office/Professional                                              |
| <input checked="" type="checkbox"/> Accessory Building | <input type="checkbox"/> Other: _____                                                                                                                                          | <input type="checkbox"/> Transient Hotel/Motel/Dormitory                                  |
| <input type="checkbox"/> Moving/Relocating             | _____                                                                                                                                                                          | Number of Transient Units: _____                                                          |
| <input type="checkbox"/> Foundation/Slab               | _____                                                                                                                                                                          | <input type="checkbox"/> Other: _____                                                     |
| <input type="checkbox"/> Deck over 30 inches           | <i>If your project is exempt from inspections or does not meet inspection criteria, a ZONING PERMIT APPLICATION should be used instead of this Building Permit Application</i> |                                                                                           |
| <input type="checkbox"/> Other _____                   |                                                                                                                                                                                |                                                                                           |

**MUST BE COMPLETED:**

ESTIMATED COST OF IMPROVEMENT: \$ 95,000

OWNERSHIP: Private ☒ Public ☐

# Heidelberg Township

## York County, Pennsylvania

### BUILDING PERMIT APPLICATION

Page 2

| <b>BUILDING CHARACTERISTICS</b>                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                            |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>CONSTRUCTION TYPE</b><br><input type="checkbox"/> Stick Built on site<br><input type="checkbox"/> Pre-Built structure<br><input checked="" type="checkbox"/> Manufactured/Industrialized<br><input type="checkbox"/> Other _____                                                                                                 | <b>PRINCIPAL FRAME TYPE</b><br><input checked="" type="checkbox"/> Wood Frame<br><input type="checkbox"/> Masonry (wall bearing)<br><input type="checkbox"/> Structural Steel<br><input type="checkbox"/> Reinforced Concrete<br><input type="checkbox"/> Other (Specify) _____                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>PRINCIPAL ROOF TYPE</b><br><input checked="" type="checkbox"/> Asphalt Shingle<br><input type="checkbox"/> Metal<br><input type="checkbox"/> Wood<br><input type="checkbox"/> Rubber<br><input type="checkbox"/> Other (Specify) _____                                                                                  |
| <b>PARKING SPACES OFF STREET</b><br><input type="checkbox"/> Enclosed Spaces (Garage)<br><input type="checkbox"/> Outdoor Spaces<br><input type="checkbox"/> Handicap (if required)<br><input type="checkbox"/> Van Accessible (if required)<br><b>TOTAL</b><br><small>SEE PLANS</small>                                            | <b>WATER and SEWAGE</b><br><input type="checkbox"/> Public Water<br><input checked="" type="checkbox"/> Private Well<br>Well Permit Number : _____<br>Septic System Type: _____<br>Septic Permit Number: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>SIDING TYPE(S)</b><br><input checked="" type="checkbox"/> Vinyl Siding<br><input type="checkbox"/> Wood Siding<br><input type="checkbox"/> Metal or Aluminum<br><input type="checkbox"/> Masonry, Brick, Block, Stone, etc.<br><input type="checkbox"/> Stucco/Dryvit<br><input type="checkbox"/> Other (Specify) _____ |
| <b>BUILDING DIMENSIONS</b><br><input type="checkbox"/> 1 Number of Stories<br>Basement: Yes/No Finished/Unfinished<br>Attic or Other Storage Area: Yes/No<br>Total Building Area: <u>8360</u> sq. ft<br>Overall Size: <u>SEE PLANS</u><br>Building Height Above Grade: <u>12</u> ft<br>Lot is <u>SEE PLANS</u> sq. ft// _____ acres | <b>FLOODPLAIN-</b> Is the site located within an identified flood hazard area? <u>YES</u> <input checked="" type="checkbox"/> <u>NO</u><br><b>WETLANDS-</b> Is the site located within an identified wetland area? <u>YES</u> <input type="checkbox"/> <u>NO</u> <input checked="" type="checkbox"/><br><b>HISTORICAL AREA-</b> Is the site located within a historic district? <u>YES</u> <input type="checkbox"/> <u>NO</u> <input checked="" type="checkbox"/><br><b>HOA-</b> Is the site located within a HOA Community? <u>YES</u> <input type="checkbox"/> <u>NO</u> <input checked="" type="checkbox"/><br>If YES to the above question, who is the contact person for the association:<br>Name: _____ Phone: _____ |                                                                                                                                                                                                                                                                                                                            |

**DESCRIBE THE PROJECT IN DETAIL:** \_\_\_\_\_

**EXTENSION OF EXISTING PATIO, INSTALLATION OF NEW PRE-FABRICATED POOL CABANAS.**  
**SEE PLANS**

The owner of this property and the undersigned agree to conform to all Federal, State and Local Laws and Ordinances of Heidelberg 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 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 his authorized agent. I understand that permits may be required by the County or State and local agencies and it is my responsibility to obtain any required permits prior to the start of construction.

**Signature of Applicant/Representative:** Kim Yates

**Date:** 01.17.2025

**Print Name:** KIM YATES

**Title/Rep:** OWNER

**ATTACH A PLOT PLAN OF YOUR ENTIRE PROPERTY**

# Parcel - 30000FF015300000000



**Owner - MENDEZ MILL MANAGEMENT LLC**

**Property Address - 2920 COLONIAL VALLEY RD**

**Tax Municipality - Heidelberg Twp**

**School District - Spring Grove School District**

**Class - Farm**

**Land Use - F - Ag With Commercial**

**Acres - 62.28**

**Assessed Land Value - \$ 76,500**

**Assessed Building Value - \$ 234,170**

**Assessed Total Value - \$ 310,670**

**Sale Date - Oct, 06, 2017**

**Sale Price - \$ 1**

**Deed Book - 2462, Page 1347**



1 inch = 400 ft

1/4,000

## Legend

Land Join

Selected Parcel

Parcel

Municipal Boundary

Aerial Photography - 2014

Last Updated: 12/29/2016

Legend should not be used as  
a substitute for a deed or other  
legal document. It is for informational  
purposes only.

Mapping Provided by



## Inset Map



**Disclaimer:**  
The York County Planning Commission provides this  
aerial photograph for informational purposes only. The photograph  
is not a legal document and should not be used as such. The  
Commission and its staff do not warrant the accuracy or  
completeness of the information provided. The Commission  
and its staff do not assume any liability for any errors or  
omissions in the information provided.



# Heidelberg Township

York County, Pennsylvania

## ELECTRICAL PERMIT APPLICATION

Date: 01.17.2025 Tax Parcel: 30-000-FF-0153.00-00000 Project Cost: \_\_\_\_\_

Site Address: 5930 Colonial Valley Road Spring Grove Pennsylvania 17362

Property Owner(s): MENGES MILLS MANAGEMENT

Owner Address (If different from site address): \_\_\_\_\_

Owner Phone: 410-258-2782 Owner Email: kimskrypt@aol.com

Present Use of Structure: POOL CABANAS

**\*\* Commercial work requires construction drawings that have been reviewed and approved by a PA State Certified Plans Examiner. \*\***

Type of structure: New: \_\_\_\_\_ Existing: \_\_\_\_\_ Addition: \_\_\_\_\_

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

INSTALLATION OF NEW PRE-FABRICATED POOL CABANAS

Electrician Information: Name: JUSTIN RUTLEDGE License #: \_\_\_\_\_

Company Name: Menges Mills Management Phone #: 443-392-4483

Address: see above Email: \_\_\_\_\_

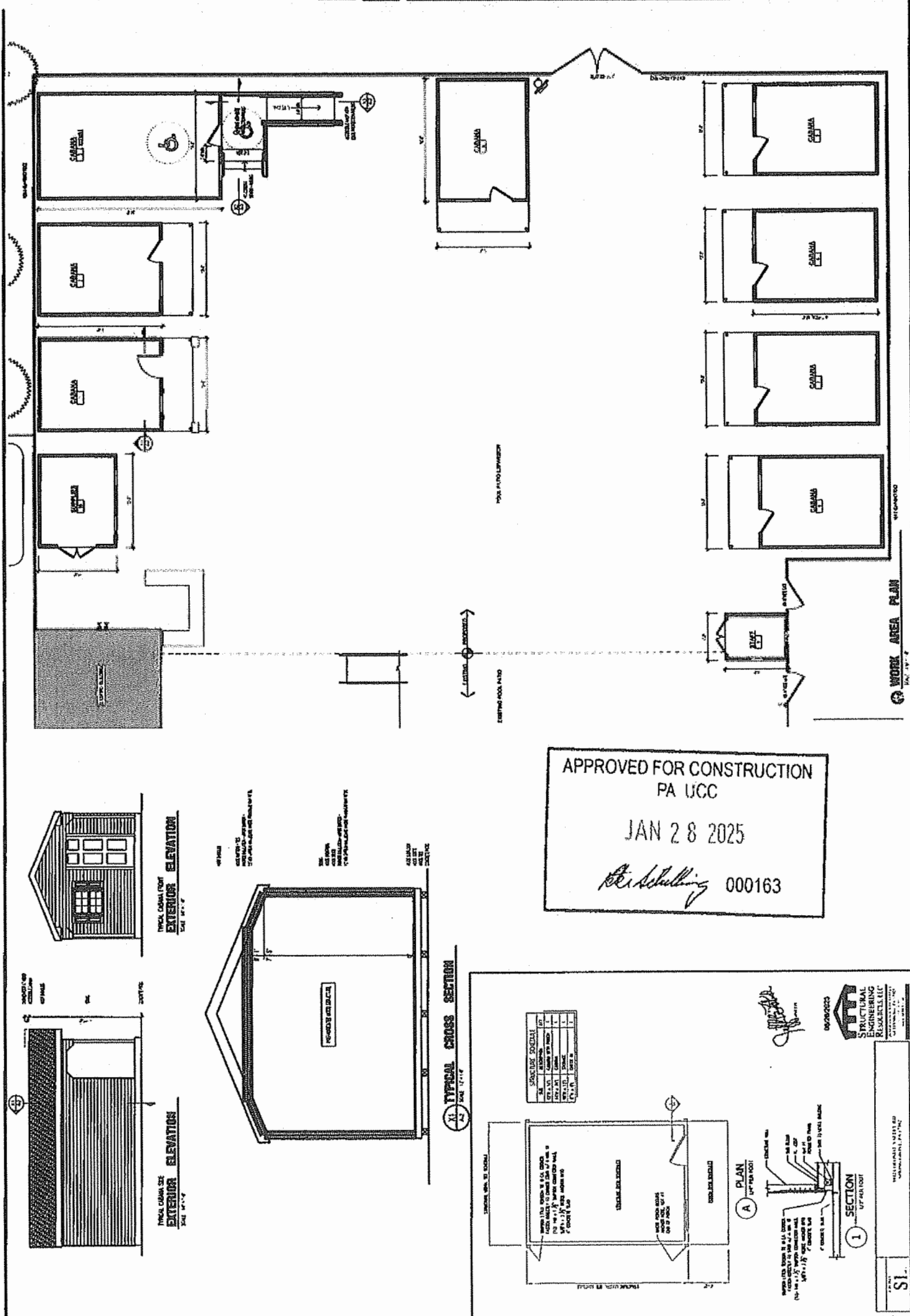
Electric Supplier Job # (if applicable): \_\_\_\_\_

**IMPORTANT:** All electrical work is required to be performed by a licensed electrician with the exception of a single-family, owner occupied home (does not include swimming pool), in which case the owner may perform the work, with the condition that the said owner personally purchase all material and perform all labor in connection therewith, and the property owner must sign the application in place of the electrician's signature.

**Electrical Contractors must submit a current Certificate of Insurance showing proof of Workers' Compensation and proof of a valid Electrician License with this application, if not already on file with Heidelberg Township.**

Applicant Signature: Kim Yates





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REPORT TO MUNICIPALITY OF REVIEW OF  
LAND DEVELOPMENT APPLICATION

February 18, 2025

Mr. Timothy R. Hansen, Chairman  
Heidelberg Township Board of Supervisors  
6051 Hayrick Road  
Spring Grove, PA 17362

Re: Menges Mill Management, LLC  
1 Lot – *Land Development Plan*  
Colonial Valley Rd. (SR 3053)  
YCPC File #30-25-01-27-0016

Dear Mr. Hansen:

The above captioned Land Development application has been reviewed by the York County Planning Commission staff. Attached are comments made as a result of our review of the application. These comments are made in reference to the municipal ordinances and plans, the County Comprehensive Plan, and/or general planning concerns, and do not constitute approval or disapproval of this application. That decision rests solely with the municipality.

According to the Pennsylvania Municipalities Planning Code, upon the approval of a final plat, the developer shall within 90 days of such final approval, or 90 days after the date of delivery of an approved plat signed by the governing body, following completion of conditions imposed for such approval, whichever is later, record such plat in the York County Recorder of Deeds office. The York County Recorder of Deeds office shall not accept any plat for recording unless such plat officially notes the approval of the governing body and review by the York County Planning Commission staff.

Please contact this office if there are any questions concerning this report.

Sincerely,

*Sharon L. Boyer*

Sharon L. Boyer  
Senior Planner

Copies of this review have been sent to:

- (X) Municipal Planning Comm. Chr.
- (X) Municipal Secretary
- (X) Municipal Engineer
- (X) Municipal Zoning Officer

- (X) Developer's Surveyor/Engineer
- (X) Developer/Owner

February 18, 2025

Menges Mill Management, LLC  
1 Lot – *Land Development Plan*  
Colonial Valley Rd. (SR 3053)  
YCPC File #30-25-01-27-0016

**These comments refer to the Heidelberg Township Zoning Ordinance:**

1. The required building setback lines must be shown on the plan [s.4.3C.].
2. A note should be provided on the plan concerning the restoration/reconstruction of non-conforming buildings which are destroyed [s.7.30].

**These comments refer to the Heidelberg Township Subdivision and Land Development Ordinance:**

3. The seal, and dated signature of the registered surveyor and/or engineer responsible for the plan, indicating that the survey and/or plan is correct must be provided on the plan [s.402.C.7.] & [s.406.C.3.].
4. The cartway width for Colonial Valley Road must be included on the plan [s.402.C.13] & [s.406.A.].
5. The required and actual safe stopping sight distances must be provided for the existing access drive intersections with Colonial Valley Road (SR 3053) [s.402.C.24] & [406.C.4.].
6. The plan must be signed by all the owners of the land and contain a notarized statement of the owner's intent [s.402.C.19.] & [s.406.C.14.].
7. If applicable, a stormwater management plan is required in accordance with the Heidelberg Township Storm Water Management Ordinance [s.402.E.3.].
8. Verification should be provided that the Planning Module for Land Development was approved by the Sewage Enforcement Officer and/or the Pennsylvania Department of Environmental Protection [s.402.E.5.] & [s.406.E.6.].
9. If applicable, verification must be provided indicating that the plan for erosion and sediment control was approved by the York County Conservation District [s.402.E.9.] & [s.406.E.9.].

*\*The preceding comments were prepared by the staff of the York County Planning Commission and constitute a professional planning review, not a legal opinion.*

# Heidelberg Township

## York County, Pennsylvania

### **BUILDING PERMIT APPLICATION**

Use this form for all PA UCC required projects

#### **LOCATION OF PROJECT**

Site Address: 5930 Colonial Valley Road Spring Grove Pennsylvania 17362 Parcel Number: 30-000-FF-0153.00-00000

Property Owner: Menges Mills Management ATTN KIM YATES

Owner Address (if different than project):

Owner Phone: 410-258-2782

Owner Email: kimskrypt@aol.com

#### **CONTRACTOR INFORMATION**

*All contractors/persons working in Heidelberg Township are required to have the appropriate licenses*

General Contractor: SELF-MENGES MILLS MANAGEMENT

Phone:

Contact Person: JERRY WEST

Phone: 443-447-8797

Plumber:

Phone:

Electrician: JUSTIN RUTLEDGE

Phone: 443-392-4483

HVAC:

Phone:

Additional Specialty:

Phone:

#### **LICENSE NUMBER**

#### **TYPE OF WORK**

#### **USE OF PROPOSED**

Check all that apply

☐ New Construction

☒ Electrical

☐ Plumbing

☐ Mechanical

☐ Addition

☐ Structural Alteration

☒ Accessory Building

☐ Moving/Relocating

☐ Foundation/Slab

☐ Deck over 30 inches

☐ Other

**Residential**

Change of Use Created ☐ YES ☐ NO

☐ Attached ☐ Detached

☐ Single Family Dwelling

☐ Two Family Dwelling

☐ Multi-Family - Number of Units

☐ Accessory Building

☐ Other:

**NON-Residential**

Change of Use Created ☐ YES ☒ NO

☐ Industrial

☒ Commercial

☐ Service Station/Repair Garage

☐ Medical/Institutional Facility

☐ Office/Professional

☐ Transient Hotel/Motel/Dormitory

Number of Transient Units:

☐ Other:

*If your project is exempt from inspections or does not meet inspection criteria, a ZONING PERMIT APPLICATION should be used instead of this Building Permit Application*

**MUST BE COMPLETED:**

**ESTIMATED COST OF IMPROVEMENT:** \$ 95,000

**OWNERSHIP:** Private ☒ Public

# Heidelberg Township

## York County, Pennsylvania

### BUILDING PERMIT APPLICATION

Page 2

| BUILDING CHARACTERISTICS                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                            |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>CONSTRUCTION TYPE</b><br><input type="checkbox"/> Stick Built on site<br><input type="checkbox"/> Pre-Built structure<br><input checked="" type="checkbox"/> Manufactured/Industrialized<br><input type="checkbox"/> Other _____                                                                                   | <b>PRINCIPAL FRAME TYPE</b><br><input checked="" type="checkbox"/> Wood Frame<br><input type="checkbox"/> Masonry (wall bearing)<br><input type="checkbox"/> Structural Steel<br><input type="checkbox"/> Reinforced Concrete<br><input type="checkbox"/> Other (Specify) _____                                                                                                                                                                                                                                                                                                                                                                 | <b>PRINCIPAL ROOF TYPE</b><br><input checked="" type="checkbox"/> Asphalt Shingle<br><input type="checkbox"/> Metal<br><input type="checkbox"/> Wood<br><input type="checkbox"/> Rubber<br><input type="checkbox"/> Other (Specify) _____                                                                                  |
| <b>PARKING SPACES OFF STREET</b><br><input type="checkbox"/> Enclosed Spaces (Garage)<br><input type="checkbox"/> Outdoor Spaces<br><input type="checkbox"/> Handicap (if required)<br><input type="checkbox"/> Van Accessible (if required)<br><b>TOTAL</b><br><small>SEE PLANS</small>                              | <b>WATER and SEWAGE</b><br><input type="checkbox"/> Public Water<br><input checked="" type="checkbox"/> Private Well<br>Well Permit Number : _____<br>Septic System Type: _____<br>Septic Permit Number: _____                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>SIDING TYPE(S)</b><br><input checked="" type="checkbox"/> Vinyl Siding<br><input type="checkbox"/> Wood Siding<br><input type="checkbox"/> Metal or Aluminum<br><input type="checkbox"/> Masonry, Brick, Block, Stone, etc.<br><input type="checkbox"/> Stucco/Dryvit<br><input type="checkbox"/> Other (Specify) _____ |
| <b>BUILDING DIMENSIONS</b><br><input type="checkbox"/> 1 Number of Stories<br>Basement: Yes/No Finished/Unfinished<br>Attic or Other Storage Area: Yes/No<br>Total Building Area: 8360 sq. ft<br>Overall Size: <u>SEE PLANS</u><br>Building Height Above Grade: 12 ft<br>Lot is <u>SEE PLANS</u> sq. ft// _____ acres | <b>FLOODPLAIN-</b> Is the site located within an identified flood hazard area? <u>YES</u> <input checked="" type="checkbox"/> <u>NO</u><br><b>WETLANDS-</b> Is the site located within an identified wetland area? <u>YES</u> <input checked="" type="checkbox"/> <u>NO</u><br><b>HISTORICAL AREA-</b> Is the site located within a historic district? <u>YES</u> <input checked="" type="checkbox"/> <u>NO</u><br><b>HOA-</b> Is the site located within a HOA Community? <u>YES</u> <input checked="" type="checkbox"/> <u>NO</u><br>If YES to the above question, who is the contact person for the association:<br>Name: _____ Phone: _____ |                                                                                                                                                                                                                                                                                                                            |

**DESCRIBE THE PROJECT IN DETAIL:** \_\_\_\_\_

EXTENSION OF EXISTING PATIO, INSTALLATION OF NEW PRE-FABRICATED POOL CABANAS  
 SEE PLANS

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|
| The owner of this property and the undersigned agree to conform to all Federal, State and Local Laws and Ordinances of Heidelberg 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 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 his authorized agent. I understand that permits may be required by the County or State and local agencies and it is my responsibility to obtain any required permits prior to the start of construction. |                                |
| <b>Signature of Applicant/Representative:</b> <u>Kim Yates</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>Date:</b> <u>01.17.2025</u> |
| <b>Print Name:</b> <u>KIM YATES</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>Title/Rep:</b> <u>OWNER</u> |

**ATTACH A PLOT PLAN OF YOUR ENTIRE PROPERTY**

[illegible]



**Nationwide®**

WC 00 00 01 A 01 19

**NEW BUSINESS**

---

## **STANDARD WORKERS COMPENSATION AND EMPLOYERS LIABILITY POLICY**

### **INFORMATION PAGE**

---

|                       |                                                                                                                  |               |                                                      |
|-----------------------|------------------------------------------------------------------------------------------------------------------|---------------|------------------------------------------------------|
| Insurer:              | NATIONWIDE GENERAL INSURANCE<br>COMPANY (A STOCK COMPANY)<br>ONE WEST NATIONWIDE BLVD<br>COLUMBUS, OH 43215-2220 | Agency:       | THE HOPWOOD CO                                       |
|                       |                                                                                                                  | Address:      | 609 CELEBRATION AVE<br>CELEBRATION, FL<br>34747-4690 |
| NCCI Carrier Code No: | 25216                                                                                                            | Agency Phone: | (407) 933-5944                                       |
| Policy Number:        | ACP WC013201863289                                                                                               | Producer:     | RICHARD HOPWOOD                                      |
| Prior Policy:         | New                                                                                                              |               |                                                      |

---

#### **ITEM 1: INSURED**

|                                      |                                                                            |                       |        |
|--------------------------------------|----------------------------------------------------------------------------|-----------------------|--------|
| Named Insured:                       | MENGES MILL MANAGEMENT LLC<br><i>Refer to Information Page Extension</i>   | Interstate ID:        | None   |
| Mailing Address:                     | 5932 COLONIAL VALLEY RD<br>SPRING GROVE, PA<br>SPRING GROVE, PA 17362-8215 | Intrastate/Bureau ID: | None   |
| FEIN:                                | <i>Refer to Information Page Extension</i>                                 | NAICS:                | 551112 |
| Entity of Insured:                   | Limited Liability Company                                                  |                       |        |
| Other workplaces not<br>shown above: | None                                                                       |                       |        |

---

#### **ITEM 2: POLICY PERIOD**

The policy period is from 01-15-2025 to 01-15-2026 12:01 AM standard time at the insured's mailing address.

---

#### **ITEM 3: COVERAGE**

- A. Workers Compensation Insurance: Part One of the policy applies to the Workers Compensation Law of the states listed here: Pennsylvania
- B. Employers Liability Insurance: Part Two of the policy applies to work in each state listed in 3A. The limits of our liability under Part Two are:
- |                           |           |               |
|---------------------------|-----------|---------------|
| Bodily Injury by Accident | \$500,000 | each accident |
| Bodily Injury by Disease  | \$500,000 | policy limit  |
| Bodily Injury by Disease  | \$500,000 | each employee |
- C. Other States Insurance: Part Three of the policy applies to the states, if any, listed here:  
All states except North Dakota, Ohio, Washington, Wyoming and states designated in Item 3.A. of the Information Page.
- D. This policy includes these endorsements and schedules:  
*Refer to Information Page Extension*
-



**Nationwide®**

WC 00 00 01 A 01 19

## STANDARD WORKERS COMPENSATION AND EMPLOYERS LIABILITY POLICY

### INFORMATION PAGE

Policy Number: ACP WC013201863289

Policy Period: From 01-15-2025 To 01-15-2026

#### ITEM 4: PREMIUM

The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates and Rating Plans.

All information required below is subject to verification and change by audit.

| Classifications | Code No. | Premium Basis<br>Total Estimated<br>Annual Remuneration | Rate Per \$100 of<br>Remuneration | Estimated Annual<br>Premium |
|-----------------|----------|---------------------------------------------------------|-----------------------------------|-----------------------------|
|-----------------|----------|---------------------------------------------------------|-----------------------------------|-----------------------------|

*Refer to Information Page Extension*

|                  |          |                                 |            |
|------------------|----------|---------------------------------|------------|
| Minimum Premium: | \$519.00 | Total Estimated Annual Premium: | \$4,737.00 |
|------------------|----------|---------------------------------|------------|

|                  |            |                           |          |
|------------------|------------|---------------------------|----------|
| Deposit Premium: | \$4,852.00 | Expense Constant Premium: | \$295.00 |
|------------------|------------|---------------------------|----------|

Countersigned by \_\_\_\_\_

# Heidelberg Township

York County, Pennsylvania

## ELECTRICAL PERMIT APPLICATION

Date: 01.17.2025 Tax Parcel: 30-000-FF-0153.00-00000 Project Cost: \_\_\_\_\_

Site Address: 5930 Colonial Valley Road Spring Grove Pennsylvania 17362

Property Owner(s): MENGES MILLS MANAGEMENT

Owner Address (If different from site address): \_\_\_\_\_

Owner Phone: 410-258-2782 Owner Email: kimskrypt@aol.com

Present Use of Structure: POOL CABANAS

**\*\* Commercial work requires construction drawings that have been reviewed and approved by a PA State Certified Plans Examiner. \*\***

Type of structure: New: \_\_\_\_\_ Existing: \_\_\_\_\_ Addition: \_\_\_\_\_

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

INSTALLATION OF NEW PRE-FABRICATED POOL CABANAS

Electrician Information: Name: JUSTIN RUTLEDGE License #: \_\_\_\_\_

Company Name: Menges Mills Management Phone #: 443-392-4483

Address: see above Email: \_\_\_\_\_

Electric Supplier Job # (if applicable): \_\_\_\_\_

**IMPORTANT:** All electrical work is required to be performed by a licensed electrician with the exception of a single-family, owner occupied home (does not include swimming pool), in which case the owner may perform the work, with the condition that the said owner personally purchase all material and perform all labor in connection therewith, and the property owner must sign the application in place of the electrician's signature.

**Electrical Contractors must submit a current Certificate of Insurance showing proof of Workers' Compensation and proof of a valid Electrician License with this application, if not already on file with Heidelberg Township.**

Applicant Signature: Kim Yates

## Workers Compensation Insurance Coverage Information

(attach to building permit application)

### A. The applicant is:

A contractor within the meaning of the Pennsylvania Workers Compensation Law

☒ Yes ☐ No

If the answer is "yes", complete sections B and C below, as applicable.

### B. Insurance Information:

Name of Applicant: MENGES MILLS MANAGEMENT

Federal or State Employer Identification Number: 67-

Applicant is a qualified self-insurer for Workers Compensation

☒ Certificate attached

Policy Expiration Date: 01.15.2026

### 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 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 the contractor provides proof of insurance to the Township.

☐ Religious exemption under Workers' Compensation law.

Subscribed and sworn before me this

17<sup>th</sup> day of Jan 2025

\_\_\_\_\_  
(signature of Notary Public)

My Commission expires: \_\_\_\_\_

(seal)

Signature of Applicant: Kim Yates

Address: 5930 Colonial Valley Rd.

Spring Grove, PA 17362

County of: York

Municipality of: Heidelberg

**PLEASE ATTACH A COPY OF INSURANCE CERTIFICATE**

# APPLICATION FOR BUILDING PERMIT / USE CERTIFICATE

PA. UCC and referenced INTERNATIONAL BUILDING CODE SERIES is enforced

MUNICIPALITY Heidelberg Township

Application Date

Application No.

## 1. PROPERTY INFORMATION

Tax Map See attachment Site Address 5930 Colonial Valley Road Spring Grove, Pa. 17362

Parcel No. 30-000-FF-0153.00-00000

Zone: Agricultural ☐ Commercial ☒ Conservation ☐ Industrial ☐ Residential ☐

## 2. OWNER'S INFORMATION

First Name: Kimberly Mi.: L. Last Name: Yates Phone No.: (410) 258-2782

Street Address: 1202 Berkwood Rd. City: Rosedale State: Md. Zip: 21237

## 3. BUILDING PERMIT APPLICATION

Description of Work: (provide details on plot plan along with existing structures on lot)

Installation of prefabricated accessory buildings adjacent to existing swimming pool.

No building is larger than 1,000 SF

There is no change of use, new buildings are to support existing swimming pool use.

Buildings to be used and are sized as follows.

Staff/Entry Building 45.8 SF

Supplies Building 117.9 SF

ADA/Accessible Cabana 332.4 SF

Cabana (8 Total) 190.4 SF each

ESTIMATED COST OF CONSTRUCTION: \$ 78,067

ESTIMATED START DATE 1 / 2 / 23

ESTIMATED COMPLETION DATE 4 / 28 / 24

## 4. CERTIFICATION

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I understand and assume responsibility for the establishment of official property lines for required setbacks prior to the start of construction, and agree to conform to all applicable laws of this jurisdiction. I further certify that this information is true and correct to the best of my knowledge.

APPLICANT SIGNATURE Kimberly J. Yates DATE 1-2-23  
Address 5930 Colonial Valley Rd, Spring Grove, PA. Phone No. 717-225-4811

(TURN PAGE OVER)

# Parcel - 30000FF015300000000



**Owner - MIDGES MILL MANAGEMENT LLC**  
**Property Address - 3030 COLONIAL VALLEY RD**  
**Tax Municipality - Hillsborough Twp**  
**School District - Spring Grove School District**  
**Class - Farm**  
**Land Use - F - Ag With Commercial**  
**Acres - 62.18**  
**Assessed Land Value - \$ 76,900**  
**Assessed Building Value - \$ 136,170**  
**Assessed Total Value - \$ 403,150**  
**Sale Date - Oct. 06, 2017**  
**Sale Price - \$ 1**  
**Deed Book - 2462, Page 1347**

Legend  
 Land Join  
 Selected Parcel  
 Parcels  
 Municipal Boundary

Mapping Provided by



0 400  
 Feet  
 1 inch = 400 ft 1:4,000

## Legend

- Land Join
- Selected Parcel
- Parcels
- Municipal Boundary

Aerial Photography - 2011

Last Updated: 12/09/2013

## Inset Map



Disclaimer:  
 The York County Planning Commission provides the information contained herein for informational purposes only. It is not intended to be used as a legal document. The Commission does not warrant the accuracy of the information provided. The Commission is not responsible for any errors or omissions in this document. The Commission is not responsible for any damages, including consequential damages, arising from the use of this document.



Date 12 / 18 / 23

## APPLICATION FOR PLAN REVIEW

&amp;

## APPLICATION FOR COMMERCIAL BUILDING PERMIT

## PROPERTY ADDRESS

|                                                                              |  |                |        |
|------------------------------------------------------------------------------|--|----------------|--------|
| Street Address:<br>5930 Colonial Valley Road Spring Grove Pennsylvania 17362 |  | Parcel         | Zoning |
| Subdivision:                                                                 |  | Lot            | Type   |
| Municipality<br>Heidelberg Township                                          |  | County<br>York |        |

## OWNER ADDRESS

|                                                  |  |                      |  |             |              |
|--------------------------------------------------|--|----------------------|--|-------------|--------------|
| Last name or Business<br>Menges Mills Management |  | First name           |  | Phone       |              |
|                                                  |  |                      |  | Fax         |              |
| Address<br>5930 Colonial Valley Road             |  | City<br>Spring Grove |  | State<br>PA | Zip<br>17362 |

## TYPE OF APPLICATION

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                           |  |                                                                                                                                                                                                                                                              |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <input checked="" type="checkbox"/> Building<br><input type="checkbox"/> Plumbing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | <input checked="" type="checkbox"/> Electrical<br><input type="checkbox"/> Mechanical |  | <input checked="" type="checkbox"/> Accessibility<br><input type="checkbox"/> Fire Suppression                                                                                                                                                                                                                                                                                                    |  | <input type="checkbox"/> Fire Alarm<br><input type="checkbox"/> Occupancy |  | <input type="checkbox"/> Other                                                                                                                                                                                                                               |  |
| <b>Type of Work (Check all that apply)</b><br><input checked="" type="checkbox"/> New Construction<br><input type="checkbox"/> Additional construction<br><input type="checkbox"/> Alteration/Structural/Egress Change<br><input type="checkbox"/> Repair/Renovation <input type="checkbox"/> IBC <input type="checkbox"/> IEBC (1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/><br><input type="checkbox"/> Foundation Permit<br><input type="checkbox"/> Change of Use/Occupancy<br><input type="checkbox"/> Initial Certificate of Occupancy                                                                                                                                                                                                                                      |  |                                                                                       |  | <b>Type of Construction (Check all that apply)</b><br><input type="checkbox"/> IA <input type="checkbox"/> IV<br><input type="checkbox"/> IB <input checked="" type="checkbox"/> VB<br><input type="checkbox"/> IIA <input type="checkbox"/> VA<br><input type="checkbox"/> IIB <input type="checkbox"/> Separate Use<br><input type="checkbox"/> IIIB <input type="checkbox"/> Non-separated Use |  |                                                                           |  | <b>Previous L&amp;I Certificate #(s)</b><br><br><b>PROPOSED CODE/YEAR FOR THIS PROJECT</b><br><br>IBC 2018                                                                                                                                                   |  |
| <b>Use Group (List all)</b><br><input type="checkbox"/> A1 <input type="checkbox"/> H1 <input type="checkbox"/> R1<br><input type="checkbox"/> A2 <input type="checkbox"/> H2 <input type="checkbox"/> R2<br><input type="checkbox"/> A3 <input type="checkbox"/> H3 <input type="checkbox"/> R3<br><input type="checkbox"/> A4 <input type="checkbox"/> H4 <input type="checkbox"/> R4<br><input type="checkbox"/> A5 <input type="checkbox"/> H5 <input type="checkbox"/> S1<br><input checked="" type="checkbox"/> B <input type="checkbox"/> I1 <input type="checkbox"/> S2<br><input type="checkbox"/> E <input type="checkbox"/> I2 <input type="checkbox"/> U<br><input type="checkbox"/> F1 <input type="checkbox"/> I3<br><input type="checkbox"/> F2 <input type="checkbox"/> I4 <input type="checkbox"/> M |  |                                                                                       |  | <b>Fire Separation</b><br><input type="checkbox"/> Single Use<br><input type="checkbox"/> Separated Uses<br><input type="checkbox"/> Non-separated Mixed Use<br><input type="checkbox"/> Incidental Use<br>Main Use _____                                                                                                                                                                         |  |                                                                           |  | <b>Fire Suppression (List all)</b><br>Type:<br><input type="checkbox"/> Wet (Water)<br># _____ Standard _____<br><input type="checkbox"/> Dry (Water)<br># _____ Standard _____<br><input type="checkbox"/> Chemical<br># _____ Standard _____<br>Type _____ |  |
| Start Date<br>12-18-23                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | Finish Date<br>4-25-24                                                                |  | Total Value of All Work                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                           |  |                                                                                                                                                                                                                                                              |  |

Municipal Tracking #

Permit #

Plan Review #

FAILURE TO FILL OUT THE PERMIT APPLICATION COMPLETELY MAY RESULT IN DELAYS OR REJECTION OF APPLICATION

**Description of proposed project:**

NEW PRE-FABRICATED POOL CABANAS  
SEE PLANS

**Electrical Permit Information****Electrical Service Size**

\_\_\_\_\_ Amps      Power Company Name \_\_\_\_\_  
\_\_\_\_\_ Volts      Power Company Job # \_\_\_\_\_  
\_\_\_\_\_ Ø

General outlets: \_\_\_\_\_ 120 volt      \_\_\_\_\_ 240 volt

Circuits: \_\_\_\_\_ 2 wire      \_\_\_\_\_ 3 wire      \_\_\_\_\_ 4 wire

| Device Name | Watts | Amps | # | Device Name | Watts | Amps | # |
|-------------|-------|------|---|-------------|-------|------|---|
|             |       |      |   |             |       |      |   |
|             |       |      |   |             |       |      |   |
|             |       |      |   |             |       |      |   |
|             |       |      |   |             |       |      |   |
|             |       |      |   |             |       |      |   |
|             |       |      |   |             |       |      |   |
|             |       |      |   |             |       |      |   |

Start Date

12-18-23

Finish Date

4-25-24

Value of work



## Mechanical Permit Information NO WORK

| Number of systems | Type(s) |      |                  |                                     |
|-------------------|---------|------|------------------|-------------------------------------|
| SYSTEM            | BTU     | FUEL | VENT TYPE (+R-?) | FUNCTION (Heat? Cool? Water? Vent?) |
|                   |         |      |                  |                                     |
|                   |         |      |                  |                                     |
|                   |         |      |                  |                                     |
|                   |         |      |                  |                                     |
|                   |         |      |                  |                                     |
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|                   |         |      |                  |                                     |
|                   |         |      |                  |                                     |
|                   |         |      |                  |                                     |

|                                                                                |  |                                                                                   |  |                                                                       |  |
|--------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------|--|-----------------------------------------------------------------------|--|
| Fuel Gas? <input type="checkbox"/> yes <input type="checkbox"/> no             |  | Public? <input type="checkbox"/> yes <input type="checkbox"/> no                  |  | Piping Type(s) _____                                                  |  |
| Oil? <input type="checkbox"/> yes <input type="checkbox"/> no                  |  | Tank Capacity? _____                                                              |  | Underground? <input type="checkbox"/> yes <input type="checkbox"/> no |  |
| Electric? <input type="checkbox"/> yes <input type="checkbox"/> no             |  | Total KW _____                                                                    |  |                                                                       |  |
| Duct Detectors? <input type="checkbox"/> yes <input type="checkbox"/> no       |  | Number of Zones? _____                                                            |  | Type? _____                                                           |  |
| Kitchen Hood? <input type="checkbox"/> yes <input type="checkbox"/> no         |  | Fire Suppression System? <input type="checkbox"/> yes <input type="checkbox"/> no |  | Type? _____                                                           |  |
| Hazardous Exhaust? <input type="checkbox"/> yes <input type="checkbox"/> no    |  | Fire Suppression System <input type="checkbox"/> yes <input type="checkbox"/> no  |  | Type? _____                                                           |  |
| Fire Dampers? <input type="checkbox"/> yes <input type="checkbox"/> no         |  | Smoke Dampers <input type="checkbox"/> yes <input type="checkbox"/> no            |  |                                                                       |  |
| Smoke Control System? <input type="checkbox"/> yes <input type="checkbox"/> no |  | Governing Code Section(s) _____                                                   |  |                                                                       |  |
| Regular Exhaust Fans? <input type="checkbox"/> yes <input type="checkbox"/> no |  | Number? _____                                                                     |  | Duct Type(s) _____                                                    |  |
| Fireplace? <input type="checkbox"/> yes <input type="checkbox"/> no            |  | Number? _____                                                                     |  |                                                                       |  |
| Gas? <input type="checkbox"/> yes <input type="checkbox"/> no                  |  | Piping Type _____                                                                 |  | Vent Type _____                                                       |  |
| Masonry? <input type="checkbox"/> yes <input type="checkbox"/> no              |  | Material Type _____                                                               |  | Chimney Type _____                                                    |  |
| Electric? <input type="checkbox"/> yes <input type="checkbox"/> no             |  | Kw? _____                                                                         |  |                                                                       |  |
| Start Date _____                                                               |  | Finish Date _____                                                                 |  | Value of work _____                                                   |  |

### Fire Alarm Permit Information NO WORK

|                                                                                                                                                  |                   |                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|---------------------|
| Requiring Code Section _____                                                                                                                     |                   |                     |
| Type(s) of Wiring _____                                                                                                                          |                   |                     |
| Battery Back Up <input type="checkbox"/> yes <input type="checkbox"/> no      Generator <input type="checkbox"/> yes <input type="checkbox"/> no |                   |                     |
| Number of Zones _____                                                                                                                            |                   |                     |
| Type(s) of System(s) _____                                                                                                                       |                   |                     |
| Type(s) of Detectors(s) _____<br>Smoke, heat, infrared, ultraviolet, etc.                                                                        |                   |                     |
| Types of Special Applications _____                                                                                                              |                   |                     |
| Types of Initiating Tests _____                                                                                                                  |                   |                     |
| Start Date _____                                                                                                                                 | Finish Date _____ | Value of Work _____ |

### Fire Suppression System Permit NO WORK

Requiring Code Section(s) \_\_\_\_\_ Number of Systems \_\_\_\_\_

|                                                                          |                                                                     |                              |
|--------------------------------------------------------------------------|---------------------------------------------------------------------|------------------------------|
| Design: NFPA 13 <input type="checkbox"/> yes <input type="checkbox"/> no | Wet System <input type="checkbox"/> yes <input type="checkbox"/> no | Number _____                 |
| NFPA 13R <input type="checkbox"/> yes <input type="checkbox"/> no        | Dry System <input type="checkbox"/> yes <input type="checkbox"/> no | Number _____                 |
| System Type                                                              | Piping Type                                                         | System Design Pressure (PSI) |
|                                                                          |                                                                     | System Design Capacity (GPM) |
|                                                                          |                                                                     |                              |
|                                                                          |                                                                     |                              |
|                                                                          |                                                                     |                              |
|                                                                          |                                                                     |                              |
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|                                                                          |                                                                     |                              |

|                                                                            |                   |                                                                     |                       |                         |
|----------------------------------------------------------------------------|-------------------|---------------------------------------------------------------------|-----------------------|-------------------------|
| Alternate Systems <input type="checkbox"/> yes <input type="checkbox"/> no |                   | Pre-action <input type="checkbox"/> yes <input type="checkbox"/> no |                       | Number of Systems _____ |
| System Type                                                                | Chemical          | Capacity                                                            | Reference Standard(s) |                         |
|                                                                            |                   |                                                                     |                       |                         |
|                                                                            |                   |                                                                     |                       |                         |
| Start Date _____                                                           | Finish Date _____ | Value of Work _____                                                 |                       |                         |

## PROPOSED DEFERRED SUBMITTALS

|                                            |     |                |
|--------------------------------------------|-----|----------------|
| <input type="checkbox"/> Foundation Permit | ETA | ____/____/____ |
| <input type="checkbox"/> Structural Steel  | ETA | ____/____/____ |
| <input type="checkbox"/> Fire Suppression  | ETA | ____/____/____ |
| <input type="checkbox"/> Fire Alarm        | ETA | ____/____/____ |
| <input type="checkbox"/> Roof Truss        | ETA | ____/____/____ |
| <input type="checkbox"/> Floor Truss       | ETA | ____/____/____ |
| <input type="checkbox"/> Spec Books        | ETA | ____/____/____ |

## Design Professional in Responsible Charge

Name: Jill R Rohrbaugh AIA

Registration Number: PA #RA402541



### FAILURE TO FILL OUT THE PERMIT APPLICATION COMPLETELY MAY RESULT IN DELAYS OR REJECTION OF APPLICATION

I certify that I am the owner of record, or that I have been authorized by the owner of record to submit this application and that the work described has been authorized by the owner of record, and I agree to conform to all applicable local, state, and federal laws governing the execution of this project. I certify that the Code Official or his delegated representative shall have the authority to enter the areas in which this work is being performed, at any reasonable hour, to enforce the provisions of the Codes governing this project.

Applicant Kim Yates Date 12-18-23 Phone 717-225-4811

Fax \_\_\_\_\_ Email KimsKrypt@aol.com Mobile 410-258-2782

## PERSONNEL

### General Contractor

|                    |                                 |                                                                                                                      |           |
|--------------------|---------------------------------|----------------------------------------------------------------------------------------------------------------------|-----------|
| General Contractor | <u>Menges Mill Mang.</u>        |                                                                                                                      |           |
| Contact Person     | <u>Kim Yates</u>                | Are there other prime contractors? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, list separately. |           |
| Street Address     | <u>5932 Colonial Valley Rd.</u> |                                                                                                                      |           |
| City               | <u>Spring Grove</u>             | State                                                                                                                | <u>PA</u> |
| Zip                | <u>17362</u>                    |                                                                                                                      |           |
| Phone              | <u>717-225-4811</u>             |                                                                                                                      |           |
| Mobile             | <u>410-258-2782</u>             |                                                                                                                      |           |
| Fax                | _____                           |                                                                                                                      |           |
| Email              | <u>KimsKrypt@aol.com</u>        |                                                                                                                      |           |

### Architect

Architect in Responsible Charge ARCHITECTURE WORKSHOP INC  
Lead Architect JILL ROHRBAUGH Contact Person \_\_\_\_\_  
Street Address ONE SOUTH RAILROAD STREET HANOVER PA 17331  
City HANOVER State PA Zip 17331  
Phone 771 632 5688  
Mobile \_\_\_\_\_  
Fax \_\_\_\_\_  
Email jrr@architectureworkshopinc.com

### Structural Engineer

Firm SERLLC  
Lead Engineer JEFF FERTICH Contact Person \_\_\_\_\_  
Street Address 26 NORTH FOURTH STREET  
City GETTYSBURG State PA Zip 17325  
Phone 717 337 1335  
Mobile \_\_\_\_\_  
Fax \_\_\_\_\_  
Email JEFF@SERLL.COM

### Electrical Engineer

Firm BARRY ISETT+ASSOCIATES  
Lead Engineer STEVE ANGSTADT Contact Person \_\_\_\_\_  
Street Address 2 Market Plaza Way  
City Mechanicsburg, State PA Zip 17055  
Phone 610-398-0904  
Mobile \_\_\_\_\_  
Fax \_\_\_\_\_  
Email sangstadt@barryisett.com

**Mechanical Engineer**

Architect in Responsible Charge \_\_\_\_\_  
Lead Architect \_\_\_\_\_ Contact Person \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Mobile \_\_\_\_\_  
Fax \_\_\_\_\_  
Email \_\_\_\_\_

**Plumbing Engineer**

Firm \_\_\_\_\_  
Lead Engineer \_\_\_\_\_ Contact Person \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Mobile \_\_\_\_\_  
Fax \_\_\_\_\_  
Email \_\_\_\_\_

**Fire Alarm Engineer / Designer**

Firm \_\_\_\_\_  
Lead Engineer/Designer \_\_\_\_\_ Contact Person \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Mobile \_\_\_\_\_  
Fax \_\_\_\_\_  
Email \_\_\_\_\_

**Fire Suppression Engineer / Designer**

Firm \_\_\_\_\_  
Lead Engineer \_\_\_\_\_ Contact Person \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Mobile \_\_\_\_\_  
Fax \_\_\_\_\_  
Email \_\_\_\_\_

**NOTICE**

All work, whether or not shown on the construction documents shall comply with the Pa. UCC (IBC and IRC 2003 as referenced). Work not shown will be field checked to determine compliance. Construction documents shall be on site at time of inspection; if not the inspection may be failed, at the discretion of the inspector, for failure to have them available for reference purpose.

Universal accessibility to all services, goods, events, and functions offered within the Commonwealth of Pennsylvania is a guaranteed civil right. Please review your construction documents to insure that right has not been violated. Basic compliance with *all* of the provisions of the standard ANSI A117.1 can help to insure that all of our citizens enjoy access to the goods and services offered within the state. Compliance with the provisions of IBC Chapter 11 and ANSI A117.1 will be field verified and shall be mandatory for receipt of a Certificate of Occupancy. Full compliance with accessibility provisions of the codes is mandatory. Failure to include provisions for compliance on the plan, or in the execution of the work is not an excuse to deny basic accessibility to our citizens.

A list of inspections that *probably* will be required, based on the permit application and plan submission, can be obtained from the Code Official at the time of permit issuance. Noted inspections may be waived or additional inspections may be required, at the discretion of the Code Official, as deemed necessary in order to insure Code Compliance. Inspection approval must be obtained for the work currently complete before proceeding to the next step of construction listed in order for each trade.

All inspections will be conducted by Commonwealth Code Inspection Service, with the exception of special inspections required by the Pa. UCC and/or IBC Chapter 17, and/or at the direction of the Design Professional; or as otherwise directed by the authority having jurisdiction. Special inspections shall be performed per the Pa. UCC and/or IBC Chapter 17, and/or at the direction of the Design Professional.

A special inspection program list shall be furnished to Commonwealth Code Inspection Service for approval prior to the start of the project phase associated with the inspection. The list shall include name of company, corporate officers, address and other contact information, accreditation, and qualifications of individual inspectors.

The applicant or authorized representative must request all regular inspections directly through Commonwealth Code Inspection Service, Inc. with at least 24 hours notice.

Same day service for inspections may be provided if calls are received before 8:00 AM. Telephone 717-664-2347 (Main Office) or 800-732-0043 (In Pennsylvania) or Contact your local CCIS office at

# Heidelberg Township (page 1/5)

## APPLICATION FOR ZONING PERMIT OR USE & OCCUPANCY

(Phone) 717-846-2004 Ext. 104 Please leave a detailed message for a return call

### LOCATION OF PROJECT

Site Address: 5930 COLONIAL VALLEY ROAD City SPRING GROVE State PA

Tax Parcel Number: 30-000-FF-0153.00-00000

Property Owner(s): MENGES MILLS MANAGEMENT LLC

Owners Address if different than site: \_\_\_\_\_

Owners Phone #: 410-258-2782 Owners Email: kimskrypt@aol.com

### CONTRACTORS INFORMATION

**NOTE: ALL Contractors or persons working in Heidelberg Twp. are required to have the appropriate license(s)**

General Contractor: SELF Phone: \_\_\_\_\_ License \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone: \_\_\_\_\_ License \_\_\_\_\_

Plumber: \_\_\_\_\_ Phone: \_\_\_\_\_ License \_\_\_\_\_

Electrician: \_\_\_\_\_ Phone: \_\_\_\_\_ License \_\_\_\_\_

HVAC: \_\_\_\_\_ Phone: \_\_\_\_\_ License \_\_\_\_\_

Additional Specialty: \_\_\_\_\_

### TYPE OF WORK

Check all that apply:

☐ Fence less than 6', not for pools\*

☐ Alteration\*

☐ Repair, replacement\*

☐ Patio or sidewalk\*

☐ Deck under 30 inches\*

☒ Accessory building under 1000 square feet\*

☐ Agriculture building\*

☐ Windows/Siding/Gutters\*

☐ Roof Replacement \*

\*Must meet the exemption requirements of PA Act 45 UCC, or a building permit application is required

### USE PROPOSED

#### Residential

Change of Use Created: ☐ YES ☐ NO

☐ Attached ☐ Detached

☐ One-Family Dwelling

☐ Two-Family Dwelling

☐ Multi-Family - # of Units = \_\_\_\_\_

☐ Accessory Building

☐ Other \_\_\_\_\_

If project requires inspections or meets inspection criteria, a building application should be used - NOT THIS ZONING PERMIT APPLICATION

#### NON-Residential

Change of Use Created: ☐ YES ☒ NO

☐ Industrial

☒ Commercial

☐ Service Station, Repair Garage

☐ Hospital, Institutional

☐ Office, Professional

☐ Transient Hotel, Motel, Dormitory

# of Transient Units = \_\_\_\_\_

☐ Other \_\_\_\_\_

### MUST BE FILLED OUT:

ESTIMATED COST OF IMPROVEMENT: \$ 78,067 OWNERSHIP: Private ☒ Public \_\_\_\_\_

# HEIDELBERG TOWNSHIP (page 2/5)

| TYPE OF WORK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | USE PROPOSED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>Check all that apply:</b></p> <p><input type="checkbox"/> New Construction</p> <p><input checked="" type="checkbox"/> Electrical</p> <p><input type="checkbox"/> Plumbing</p> <p><input type="checkbox"/> Mechanical</p> <p><input type="checkbox"/> Addition</p> <p><input type="checkbox"/> Structural Alteration</p> <p><input checked="" type="checkbox"/> Accessory Building</p> <p><input type="checkbox"/> Moving, Relocating</p> <p><input type="checkbox"/> Demolition</p> <p><input type="checkbox"/> Foundation/Slab</p> <p><input type="checkbox"/> Deck over 30 inches</p> <p><input type="checkbox"/> Other _____</p> | <p style="text-align: center;"><b>Residential</b></p> <p>Change of Use Created: <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><input type="checkbox"/> Attached <input type="checkbox"/> Detached</p> <p><input type="checkbox"/> One-Family Dwelling</p> <p><input type="checkbox"/> Two-Family Dwelling</p> <p><input type="checkbox"/> Multi-Family - # of Units = _____</p> <p><input type="checkbox"/> Accessory Building</p> <p><input type="checkbox"/> Other _____</p> <p style="font-size: small;">If project is exempt from inspections or does not meet inspection criteria, a zoning application should be used and not this Building Permit Application</p> | <p style="text-align: center;"><b>NON-Residential</b></p> <p>Change of Use Created: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p><input type="checkbox"/> Industrial</p> <p><input checked="" type="checkbox"/> Commercial</p> <p><input type="checkbox"/> Service Station, Repair Garage</p> <p><input type="checkbox"/> Hospital, Institutional</p> <p><input type="checkbox"/> Office, Professional</p> <p><input type="checkbox"/> Transient Hotel, Motel, Dormitory</p> <p># of Transient Units = _____</p> <p><input type="checkbox"/> Other _____</p> |
| <p><b>MUST BE FILLED OUT:</b></p> <p>ESTIMATED COST OF IMPROVEMENT: \$ 78,067      OWNERSHIP: Private <input checked="" type="checkbox"/> Public _____</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |

| CHARACTERISTICS OF BUILDING                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p style="text-align: center;"><b>CONSTRUCTION TYPE</b></p> <p><input type="checkbox"/> Stick built on site</p> <p><input checked="" type="checkbox"/> Pre-Built Structure</p> <p><input type="checkbox"/> Manufactured Industrialized</p> <p><input type="checkbox"/> Other _____</p>                                             | <p style="text-align: center;"><b>PRICIPAL TYPE OF FRAME</b></p> <p><input checked="" type="checkbox"/> Wood Framed</p> <p><input type="checkbox"/> Masonry (wall bearing)</p> <p><input type="checkbox"/> Structural Steel</p> <p><input type="checkbox"/> Reinforced Concrete</p> <p><input type="checkbox"/> Other(specify) _____</p> | <p style="text-align: center;"><b>PRINCIPAL ROOF TYPE</b></p> <p><input type="checkbox"/> Asphalt Shingle</p> <p><input type="checkbox"/> Metal</p> <p><input type="checkbox"/> Wood</p> <p><input type="checkbox"/> Rubber</p> <p><input type="checkbox"/> Other(specify) _____</p>                                                                                                              |
| <p style="text-align: center;"><b>PARKING SPACES OFF STREET</b></p> <p><input type="checkbox"/> Enclosed Spaces (Garages)</p> <p><input type="checkbox"/> Outdoor Spaces</p> <p><input type="checkbox"/> Handicap if required</p> <p><input type="checkbox"/> Van Accessible if required</p> <p><input type="checkbox"/> TOTAL</p> | <p style="text-align: center;"><b>SEWAGE DISPOSAL</b></p> <p><input type="checkbox"/> Public System</p> <p><input checked="" type="checkbox"/> Private on-site system</p> <p>Type: _____</p> <p>Permit #: _____</p>                                                                                                                      | <p style="text-align: center;"><b>SINDING TYPE(S)</b></p> <p><input checked="" type="checkbox"/> Vinyl Siding</p> <p><input checked="" type="checkbox"/> Wood Siding</p> <p><input type="checkbox"/> Metal or Aluminum</p> <p><input type="checkbox"/> Masonry Brick, Block, Stone, Etc.</p> <p><input type="checkbox"/> Stucco / Dryvit</p> <p><input type="checkbox"/> Other(specify) _____</p> |

# HEIDELBERG TOWNSHIP (page 3/5)

## BUILDING DIMENSIONS

1 Number of Stories

Basement: YES ☒ NO Finished / Unfinished

Attic or other storage area: YES ☒ NO

Total Building Area 1828.9 sq. ft. TOTAL  
SEE BELOW

Lot is 2,708,560.8 sq. ft. / 62.18 acres

Overall size \_\_\_\_\_ x \_\_\_\_\_ SEE PLANS

Building Height above grade: 10'6" ft.

|                       |               |
|-----------------------|---------------|
| STAFF/ENTRY BUILDING  | 45.8 SF       |
| SUPPLIES BUILDING     | 117.9 SF      |
| ADA/ACCESSIBLE CABANA | 332.4 SF      |
| CABANA (8 TOTAL)      | 190.4 SF EACH |

**ATTACH A PLOT PLAN OF YOUR ENTIRE PROPERTY**

**FLOODPLAN** - Is the site located within an identified flood hazard area?  
(Check One) \_\_\_\_\_ YES ☒ NO

**WETLANDS** - Is the site located within an identified wetland area?  
(Check One) \_\_\_\_\_ YES ☒ NO

**HISTORICAL AREA** - Is the site located within a historical district?  
(Check One) \_\_\_\_\_ YES ☒ NO

**IS THE SITE LOCATED WITHIN A HOME OWNERS ASSOCIATION COMMUNITY?**

(Check One) \_\_\_\_\_ YES ☒ NO  
IF YES to the above question- who is the contact for the association:

Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

## Describe in detail your project: (must be complete)

INSTALLATION OF PREFABRICATED ACCESSORY BUILDINGS ADJACENT TO EXISTING SWIMMING POOL

NO BUILDING IS LARGER THAN 1000 SF

THERE IS NO CHANGE OF USE, NEW BUILDINGS ARE TO SUPPORT EXISTING SWIMMING POOL USE

BUILDINGS TO BE USED AND ARE SIZED AS FOLLOWS

STAFF/ENTRY BUILDING 45.8 SF

SUPPLIES BUILDING 117.9 SF

ADA/ACCESSIBLE CABANA 332.4 SF

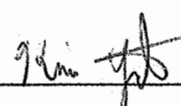
CABANA (8 TOTAL) 190.4 SF EACH

# HEIDELBERG TOWNSHIP (page 4/5)

## APPLICATION FOR ZONING PERMIT

The owner of this property and the undersigned agree to conform to all State, federal, and Local Laws and Ordinances of Heidelberg 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: 12-26-2023

Print Name of Owner: MENGES MILLS MANAGEMENT LLC

Print Name of Representative: KIM YATES Title: Owner

**\$50.00 Deposit at time of permit application drop off for residential work.**

**Delay in deposit will result in the processing of application.**

### THIS BOX TO BE COMPLETED BY TOWNSHIP

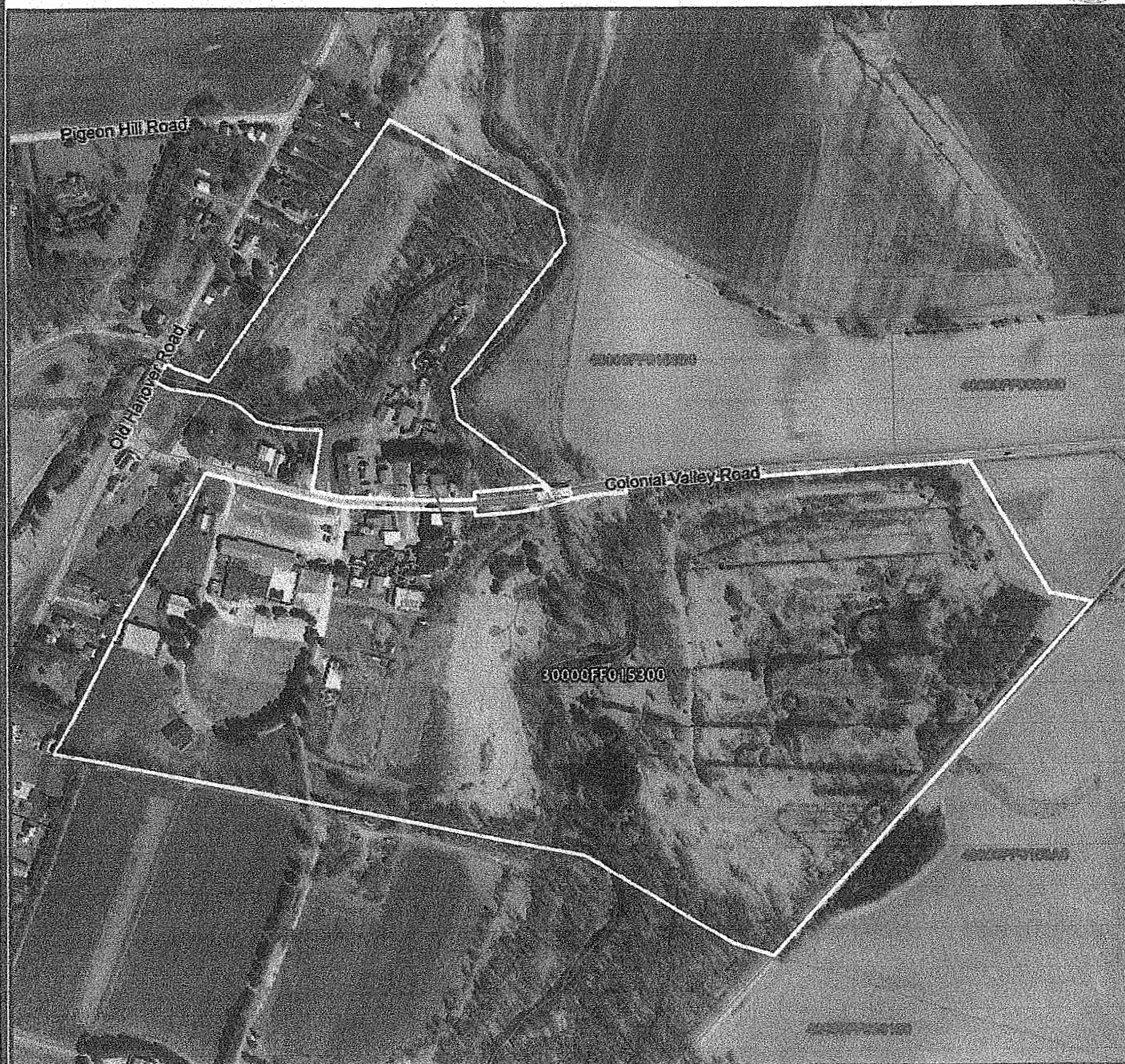
Deposit Paid \_\_\_\_\_ Cash \_\_\_\_\_ Check# \_\_\_\_\_ Date \_\_\_\_\_

Copy of Check Y/N

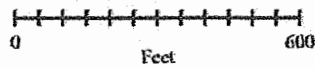
Received by: \_\_\_\_\_

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

# Parcel - 30000FF01530000000



**Owner - MENGES MILL MANAGEMENT LLC**  
**Property Address - 5930 COLONIAL VALLEY RD**  
**Tax Municipality - Heidelberg Twp**  
**School District - Spring Grove School District**  
**Class - Farm**  
**Land Use - F - Ag With Commercial**  
**Acres - 62.18**  
**Assessed Land Value - \$ 76,980**  
**Assessed Building Value - \$ 330,170**  
**Assessed Total Value - \$ 407,150**  
**Sale Date - Oct. 06, 2017**  
**Sale Price - \$ 1**  
**Deed Book - 2442, Page 1347**



1 inch = 400 ft 1:4,800

## Legend

- Land Joins
- Selected Parcel
- Parcels
- Municipal Boundary

Layers should not be used at  
 scales larger than 1:2,400  
 (Note: Pyramiding will occur  
 at scales 1" = below 200 Ft.)

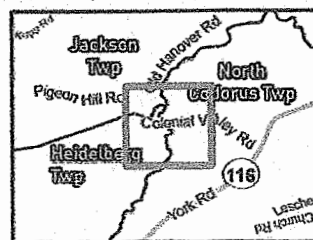
Mapping Provided by:



Aerial Photography - 2021

Last Updated: 12/20/2022

## Inset Map



Disclaimer:  
 The York County Planning Commission provides this  
 Geographic Information Systems map and/or data collectively  
 the "Data" as a public information service. The Data is not a  
 legally recorded plan, survey, official tax map, or engineering  
 document and should be used for only general information.  
 Reasonable effort has been made to ensure that the Data is  
 correct; however the Commission does not guarantee its  
 accuracy, completeness, timeliness. The Commission shall not be  
 liable for any damages that may arise from the use of the Data.



## PLOT PLAN

### 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

A large grid of graph paper, consisting of 20 columns and 30 rows of small squares, intended for drawing a plot plan. The grid is empty and occupies the majority of the page below the instructions.

Permit Checklist

5930 Colonial Valley Rd

Zoning Application Received

~~02~~ 02 JAN 2024

Building Application Received

02 JAN 2024

Payment Received

\$50 c/c 1613

CCIS received

Zoning Permit

Approved

Denied

Buildin Permit

Approved

Denied

|                             |  |
|-----------------------------|--|
|                             |  |
| if applicable               |  |
| Resubmitted Zoning Permit   |  |
| Resubmitted Building Permit |  |
|                             |  |

Permit Packet Picked up

CCIS Payment Received

Completion of Permit

Certificate of Occupancy Issued

MENGES MILL MANAGEMENT LLC  
5930 COLONIAL VALLEY RD  
SPRING GROVE, PA 17362

1613  
60-894/313

1-2-24

Date

Heidelberg Township

\$ 50.00

Pay to the  
Order of

*Ruby*



ACNB BANK

For: Tony Sharp / Cashier

*Handwritten signature*

103130994511

255067100510

1613



Photo  
Deposit  
Banknotes

Dollars

100

HEIDELBERG TOWNSHIP BLUE SHEPHERD



**C.S. DAVIDSON, INC.**  
ENGINEERING A BETTER COMMUNITY

January 31, 2025

Chris Walker  
6424 York Road  
Spring Grove, PA 17362

Re: Menges Mills Management, LLC – 5930 Colonial Valley Road  
Final Land Development Plan Review  
Engineer's Project No. 3890.3.01.05

Dear Chris:

We have reviewed the above-referenced Final Land Development Plan, prepared by Gordon L. Brown and Associates, Inc., dated January 24, 2025, received via email on January 24, 2025 and offer the following comments:

**General Comments:**

1. We reviewed the land development ordinance against the submitted land development plan and determined the plans do not meet the criteria for a full land development review.
2. The existing light on the utility pole should be removed from the middle of the ticket booth.
3. The plans show two blue circles within the Proposed Food Service Building without labels. Provide clarification on what they are.
4. The building setbacks shall be added to the plans.
5. The applicant will need stormwater approval from the Township before construction.

**Zoning Ordinance Comments:**

1. Screening shall be provided where the property abuts existing single-family detached or two-family detached dwellings. (§6.3.7.h)
2. The use of non-traditional storage units (containers) shall be permitted on a temporary basis only. (§7.2.5)
3. Provide the following note from section 7.30.E.1 on the plans for the nonconformity Attraction building and multi-use stone building along Colonial Valley Road: (If any nonconformity is destroyed because of windstorm, fire, explosion, or other act of God or a public enemy to an extent of more than seventy-five (75) percent of the market value as appraised for the tax assessment purposes then such destruction shall be deemed complete destruction and the nonconformity may not be rebuilt, restored, or repaired except upon issuance of a variance in accordance with Part 12 of this Ordinance relating to variances. Nothing in this Ordinance shall prevent the strengthening or restoring to a safe condition any wall, floor, or roof which has been declared unsafe.)

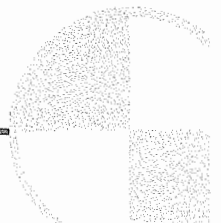
**Subdivision and Land Development Ordinance Comments:**

1. Colonial Valley Road is listed as a local road within the comprehensive plan. Thus the road right-of-way shall be 50 feet on the plans. (§504.A)
2. The additional right-of-way along Colonial Valley Road shall be dedicated. (§504.C)

ENGINEERING A BETTER COMMUNITY

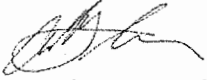
38 N. Duke Street • York, PA 17401 • 717.846.4805  
50 W. Middle Street • Gettysburg, PA 17325 • 717.337.3021  
315 W. James Street, Suite 102 • Lancaster, PA 17603 • 717.481.2991

CSDavidson.com



If you have questions related to the enclosed information or require any clarification, please do not hesitate to contact our office at 717-846-4805.

Sincerely,

A handwritten signature in black ink, appearing to read 'Anthony D. Lain', written over a faint circular stamp.

Anthony D. Lain  
ADL/CWM/dmg

K:\389030105\Correspondence\Letters-Reports\2025-01-28 Final Land Development Plan Review Letter.docx

REPORT TO MUNICIPALITY OF REVIEW OF  
LAND DEVELOPMENT APPLICATION

February 18, 2025

Mr. Timothy R. Hansen, Chairman  
Heidelberg Township Board of Supervisors  
6051 Hayrick Road  
Spring Grove, PA 17362

Re: Menges Mill Management, LLC  
1 Lot – *Land Development Plan*  
Colonial Valley Rd. (SR 3053)  
YCPC File #30-25-01-27-0016

Dear Mr. Hansen:

The above captioned Land Development application has been reviewed by the York County Planning Commission staff. Attached are comments made as a result of our review of the application. These comments are made in reference to the municipal ordinances and plans, the County Comprehensive Plan, and/or general planning concerns, and do not constitute approval or disapproval of this application. That decision rests solely with the municipality.

According to the Pennsylvania Municipalities Planning Code, upon the approval of a final plat, the developer shall within 90 days of such final approval, or 90 days after the date of delivery of an approved plat signed by the governing body, following completion of conditions imposed for such approval, whichever is later, record such plat in the York County Recorder of Deeds office. The York County Recorder of Deeds office shall not accept any plat for recording unless such plat officially notes the approval of the governing body and review by the York County Planning Commission staff.

Please contact this office if there are any questions concerning this report.

Sincerely,



Sharon L. Boyer  
Senior Planner

Copies of this review have been sent to:

- (X) Municipal Planning Comm. Chr.
- (X) Municipal Secretary
- (X) Municipal Engineer
- (X) Municipal Zoning Officer

- (X) Developer's Surveyor/Engineer
- (X) Developer/Owner

February 18, 2025

Menges Mill Management, LLC  
1 Lot – Land Development Plan  
Colonial Valley Rd. (SR 3053)  
YCPC File #30-25-01-27-0016

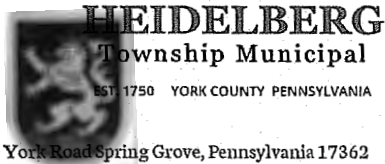
**These comments refer to the Heidelberg Township Zoning Ordinance:**

1. The required building setback lines must be shown on the plan [s.4.3C].
2. A note should be provided on the plan concerning the restoration/reconstruction of non-conforming buildings which are destroyed [s.7.30].

**These comments refer to the Heidelberg Township Subdivision and Land Development Ordinance:**

3. The seal, and dated signature of the registered surveyor and/or engineer responsible for the plan, indicating that the survey and/or plan is correct must be provided on the plan [s.402.C.7.] & [s.406.C.3.].
4. The cartway width for Colonial Valley Road must be included on the plan [s.402.C.13] & [s.406.A.].
5. The required and actual safe stopping sight distances must be provided for the existing access drive intersections with Colonial Valley Road (SR 3053) [s.402.C.24] & [406.C.4.].
6. The plan must be signed by all the owners of the land and contain a notarized statement of the owner's intent [s.402.C.19.] & [s.406.C.14.].
7. If applicable, a stormwater management plan is required in accordance with the Heidelberg Township Storm Water Management Ordinance [s.402.E.3.].
8. Verification should be provided that the Planning Module for Land Development was approved by the Sewage Enforcement Officer and/or the Pennsylvania Department of Environmental Protection [s.402.E.5.] & [s.406.E.6.].
9. If applicable, verification must be provided indicating that the plan for erosion and sediment control was approved by the York County Conservation District [s.402.E.9.] & [s.406.E.9.].

*\*The preceding comments were prepared by the staff of the York County Planning Commission and constitute a professional planning review, not a legal opinion.*



# Invoice

Date: 6/17/2024  
Invoice # Menges Mill Management 001

Bill To: Menges Mill Management LLC

Phone: 717-225-6606

5930 Colonial Valley Road  
Spring Grove, PA 17362

Remit by 7/17/2024

| DESCRIPTION                                                    | AMOUNT    |
|----------------------------------------------------------------|-----------|
| Township Application Fee                                       | \$50.00   |
| Paid Check # 1613                                              | (\$50.00) |
| GHI Engineers Storm Water/Site Visit/Review<br>Invoice # 18957 | \$239.50  |
| GHI Engineers Storm Water/Site Visit/Review<br>Invoice # 19421 | \$46.35   |
|                                                                |           |
|                                                                |           |
|                                                                |           |
|                                                                |           |
|                                                                |           |
|                                                                |           |

OTHER \$0.00

|                                             |          |
|---------------------------------------------|----------|
| *Heidelberg Twp                             | \$285.85 |
| Total                                       |          |
| checks payable to<br>Heidelberg<br>Township |          |

# GHI Engineers and Surveyors

213 Carlisle St

Hanover, PA 17331-

Tel: (717) 637-3800 Fax: (717) 633-9143

Heidelberg Township  
6424 York Road  
Spring Grove, PA 17362-

## Invoice

Invoice Date: Feb 29, 2024

Invoice Num: 18957

Billing Through: Feb 24, 2024

5930 Colonial Valley-Menges Mills Mgmt SWM Review (24-0166-003:10) - Managed by (STADOU)

Job is not complete.

### Professional Services

| <u>Date</u> | <u>Employee</u> | <u>Description</u>      | <u>Hours</u> | <u>Rate</u> | <u>Amount</u> |
|-------------|-----------------|-------------------------|--------------|-------------|---------------|
| 2/5/2024    | STADOU          | Site visit, plan review | 2.00         | \$103.00    | \$206.00      |
| 2/5/2024    | FARJAN          | Letter                  | 0.50         | \$67.00     | \$33.50       |

Total Service Amount: \$239.50

Amount Due This Invoice: \$239.50

This invoice is due on 3/30/2024

444,30 Planning

44600-

RECEIVED  
3-4-24

## GHI Engineers and Surveyors

213 Carlisle St

Hanover, PA 17331-

Tel: (717) 637-3800 Fax: (717) 633-9143

Heidelberg Township  
6424 York Road  
Spring Grove, PA 17362-

### Invoice

Invoice Date: May 24, 2024

Invoice Num: 19421

Billing Through: May 18, 2024

5930 Colonial Valley-Menges Mills Mgmt SWM Review (24-0166-003:10) - Managed by (STADOU)

#### Job is not complete

#### Professional Services

| <u>Date</u>              | <u>Employee</u> | <u>Description</u>          | <u>Hours</u> | <u>Rate</u> | <u>Amount</u> |
|--------------------------|-----------------|-----------------------------|--------------|-------------|---------------|
| 3/25/2024                | STADOU          | Phone Calls-Jon Runge       | 0.20         | \$103.00    | \$20.60       |
| 4/22/2024                | STADOU          | Phone Call/Email John Runge | 0.25         | \$103.00    | \$25.75       |
| Total Service Amount:    |                 |                             |              |             | \$46.35       |
| Amount Due This Invoice: |                 |                             |              |             | \$46.35       |

This Invoice is due on 6/23/2024

\*If paying by credit card, there will be a 3% convenience fee applied.

February 15, 2024

Heidelberg Township Board of Supervisors  
6424 York Road  
Spring Grove, PA 17362

ATTN: Tim Hansen, Chairman

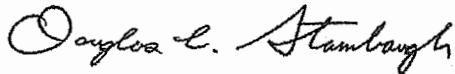
SUBJECT: MENGES MILLS MANAGEMENT  
ARCHITECTUE WORKSHOP, INC.-POOL CABANAS-DATED 10/19/23  
5930 COLONIAL VALLEY ROAD, SPRING GROVE  
PROJECT NO. 24-0166-003

Dear Board Members,

I have reviewed the subject architectural plan which consists of a 6531 S.F. patio. This review is limited to stormwater management. The following are our comments:

1. The applicant should complete Municipal Stormwater Management Worksheet, Step 1, to document the existing and proposed coverage to determine the need for stormwater management for the project.
2. A copy of the land development plan existing, and proposed conditions plans should be included with the Step 1 worksheet.

Very truly yours,



Douglas L. Stambaugh, PLS, SEO

Cc: Barb Krebs-Heidelberg Twp. Manager, (via email) [barbkrebs@heidelbergtwpmunicipal.com](mailto:barbkrebs@heidelbergtwpmunicipal.com)  
Jill Rohrbaugh, R.A.-Architecture Workshop, (via email) [jrr@architectureworkshopinc.com](mailto:jrr@architectureworkshopinc.com)  
Chris Walker-Zoning Officer (via email) [chriswalker@heidelbergtwpmunicipal.com](mailto:chriswalker@heidelbergtwpmunicipal.com)



# HEIDELBERG

Township Municipal

EST. 1750 YORK COUNTY PENNSYLVANIA

## Invoice

Date: 6/17/2024  
Invoice # Menges Mill Management 001

6424 York Road Spring Grove, Pennsylvania 17362

Bill To: Menges Mill Management LLC

Phone: 717-225-6606

5930 Colonial Valley Road  
Spring Grove, PA 17362

Remit by 7/17/2024

| DESCRIPTION                                                    | AMOUNT    |
|----------------------------------------------------------------|-----------|
| Township Application Fee                                       | \$50.00   |
| Paid Check # 1613                                              | (\$50.00) |
| GHI Engineers Storm Water/Site Visit/Review<br>Invoice # 18957 | \$239.50  |
| GHI Engineers Storm Water/Site Visit/Review<br>Invoice # 19421 | \$46.35   |
|                                                                |           |
|                                                                |           |
|                                                                |           |
|                                                                |           |
|                                                                |           |
|                                                                |           |
|                                                                |           |

413.31

|                                             |          |
|---------------------------------------------|----------|
| OTHER                                       | \$0.00   |
| *Heidelberg Twp                             | \$285.85 |
| Total                                       |          |
| checks payable to<br>Heidelberg<br>Township |          |

PAID

6-27-24  
CH 1660



**HEIDELBERG**  
**Township Municipal**  
EST. 1750 YORK COUNTY PENNSYLVANIA

# Invoice

Date: 9/16/2024  
Invoice # Menges Mill Management 002

6424 York Road Spring Grove, Pennsylvania 17362

Bill To: Menges Mill Management LLC

Phone: 717-225-6606

5930 Colonial Valley Road  
Spring Grove, PA 17362

Remit by 10/15/2024

| DESCRIPTION                                 | AMOUNT    |
|---------------------------------------------|-----------|
| GHI Engineers and Surveyors Invoice # 19634 | \$51.50   |
| Paid Check # 1678 11/19/2024                | (\$51.50) |
|                                             |           |
|                                             |           |
|                                             |           |
|                                             |           |
|                                             |           |
|                                             |           |
|                                             |           |

OTHER \$0.00

|                                             |        |
|---------------------------------------------|--------|
| *Heidelberg Twp                             | \$0.00 |
| Total                                       | \$0.00 |
| checks payable to<br>Heidelberg<br>Township |        |



# HEIDELBERG

Township Municipal

EST. 1750 YORK COUNTY PENNSYLVANIA

6424 York Road Spring Grove, Pennsylvania 17362

## Invoice

Date: 5/21/2025  
Invoice # Menges Mill Management 006

Bill To: Menges Mill Management LLC

Phone: 717-225-6606

5930 Colonial Valley Road  
Spring Grove, PA 17362

Remit by 6/21/2025

| DESCRIPTION                  | AMOUNT   |
|------------------------------|----------|
| CS Davidson Invoice # 182321 | \$245.00 |

OTHER \$0.00

|                                             |          |
|---------------------------------------------|----------|
| *Heidelberg Twp                             | \$245.00 |
| Total                                       |          |
| checks payable to<br>Heidelberg<br>Township |          |

**PAID**  
Check #  
1699



# C.S. DAVIDSON, INC.

ENGINEERING A BETTER COMMUNITY

## INVOICE

**Remit payment to:**

C.S. Davidson, Inc. • 38 N. Duke Street • York, PA 17401  
Questions? 717-846-4805 • [accounting@csdavidson.com](mailto:accounting@csdavidson.com)

**HEIDELBERG TOWNSHIP**

6424 YORK ROAD

SPRING GROVE, PA 17362

Attention: KREBS, BARB

**Invoice #:** 182321

**Project:** 389030105

**Project Name:** 5930 Colonial Valley Rd.-Menges Mill  
Management

**Invoice Date:** 05/16/2025

**Invoice Group:**

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**For Professional Services Rendered through: 5/10/2025**

**Salaries**

Multiplier Labor

\$245.00

**Total Salaries**

\$245.00

**Amount Due This Invoice \*\***

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**\$245.00**

---

Lain, Anthony D

---

**Phase: 30 -- Municipal Plan Review****Multiplier Labor**

| <u>Class / Employee Name</u> | <u>Date</u> | <u>Hours</u> | <u>Amount</u>   |
|------------------------------|-------------|--------------|-----------------|
| Project Designer II          |             |              |                 |
| Markey, Clay W               | 03/27/2025  | 0.75         | \$90.00         |
| Review                       |             | -----        | -----           |
|                              |             | 0.75         | \$90.00         |
| Project Manager              |             |              |                 |
| Lain, Anthony D              | 03/27/2025  | 1.00         | \$155.00        |
| Plan Review                  |             | -----        | -----           |
|                              |             | 1.00         | \$155.00        |
| <b>Multiplier Labor</b>      |             |              | <b>\$245.00</b> |

**Total Phase: 30 -- Municipal Plan Review****Labor: \$245.00****Expenses: \$0.00**

MENGES MILL MANAGEMENT LLC

5980 COLONIAL VALLEY RD  
SPRING GROVE, PA 17362

1699

05/28/25

60.994.313

624

Pay to the Heidelberg Township

\$ 245.00

16

Order of Two hundred - forty - five dollars and - no/100ths

16



ACNB BANK

For Township Menges Mill Management-006 Florida H. Davis

1:0313099451

2550671050

1899

Photo  
Set  
Date  
Time

emailed 10/27

# Commonwealth Code Inspection Service, Inc.

40 W. 11th. Ave., Suite F  
York, Pa. 17404

717-846-2004 Phone  
717-846-2294 Fax  
pete8@codeservices.net

## APPROVED PLAN REVIEW

**PLAN NUMBER** 2034-25

**DATE APPROVED** 10/23/2025

**PROJECT MUNICIPALITY** Heidelberg Township

**PROJECT ADDRESS** 5932 Colonial Valley Rd.

**PROJECT DESCRIPTION** install 400amp service

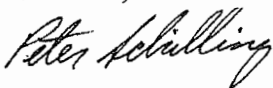
**OWNER** Menges Mill Management, LLC

The above referenced project install 400amp service has been reviewed in accordance with the Pa. UCC and found to be generally in conformance with the referenced model building codes. I recommend that a Building Permit should be issued to the applicant. I have the following comments that should be noted on the Permit:

1. Fire extinguishers shall be installed per NFPA 10; installation shall be field evaluated for code conformance.
2. Accessibility shall be field verified as conforming with IBC 2018 Chapter 11 and ANSI A117.1-2018.
3. All work, whether or not shown on the construction documents shall comply with the PA UCC (IBC and IRC as referenced). Work not shown will be field checked to determine compliance. Construction documents shall be on site at time of inspection; if not the inspection may be failed, at the discretion of the inspector, for failure to have them available for reference purpose.

*Please call me if you have any Questions.*

*Thank You,*



Plan Reviewer

Page 1 of 1

**Heidelberg Township**  
**BUILDING PERMIT**

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**PERMIT NUMBER 2034-25**

---

**PERMIT DATE** 10/23/2025 **PERMIT EXPIRATION DATE** 10/23/2026

**OWNER** Menges Mill Management, LLC

**PROJECT ADDRESS**

**5932 Colonial Valley Rd.**

**PROJECT COUNTY** York

**USE GROUP** U **CONSTRUCTION TYPE** 5B ☐ **SPRINKLER** ☐ **COMMERCIAL**

**APPLICABLE CODE-YEAR** 2018 IBC **ANSI A117.1** 03 ☐ 09 ☐ 18 ☐

**ENERGY CODE:** ☐ IRC Energy ☐ IECC Energy ☐ Rescheck/Comcheck ☐ Pa. Alt. Energy Code

**THIS IS A PERMIT TO:**

install 400amp service

---

A Permit to install 400amp service at 5932 Colonial Valley Rd. has been granted according to the Municipal Building Code of Heidelberg Township. This Permit has been granted to the property owner under the condition that work on this project shall conform to the Municipal Building Code of Heidelberg Township and the Pennsylvania Uniform Construction Code, (2018 IBC edition), the submitted and approved Construction Documents, and all other applicable Laws and Regulations. Furthermore, the Owner shall be responsible for insuring that all required inspections are scheduled and performed and that right of entry, for inspection purposes, shall be granted to the appropriate Code Inspection and Enforcement Authorities. Access shall be granted during normal business hours in accordance with the Pennsylvania Uniform Construction Code.

---

I have read this Permit, the inspection check list, and any notes or addendums on or attached to the Permit and/or Submitted Construction Documents. I understand the obligations, as well as the privileges granted by this permit and agree, by adding my signature, that the work shall be performed in accordance with applicable Codes.

*Peter Schilling*

10/23/2025

\_\_\_\_\_  
**Building Code Official or Authorized Agent**

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

\_\_\_\_\_  
**Owner or Authorized Agent**

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

**Permit Is Not Valid Until Signed**

# Commonwealth Code Inspection Service, Inc.

40 W. 11th. Ave., Suite F  
York, Pa. 17404

717-846-2004 Phone  
717-846-2294 Fax  
pete8@codeservices.net

## Plan Review and Inspection Invoice

---

**PERMIT NUMBER** 2034-25

**PERMIT DATE** 10/23/2025

**COMMERCIAL** ☐

**PERMIT NOTES**

install 400amp service

---

**OWNER** Menges Mill Management, LLC  
1202 Berkwood Rd.  
Rosedale, md 21237

**OWNER PHONE** 410-258-2782

**PROJECT ADDRESS** 5932 Colonial Valley Rd.

**PROJECT MUNICIPALITY** Heidelberg Township

**PLAN REVIEW FEE** \$15.00

**INSPECTION FEE** \$85.00

**PA. STATE FEES** \$0.00

**ADMINISTRATIVE FEE:** \$15.00

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**TOTAL= 115**

All plan review fees, inspection fees, municipal fees and state fees shall be paid at time of permit issue. Failure to pay account may result in permit revocation and shall result in denial of final approval and a delay in occupancy. Noted inspections may be waived or additional inspections may be required, at the discretion of the Code Official, as deemed necessary in order to insure Code Compliance. Partial refunds will be considered if requested withing 30 days of the permit date. 1

**COMMONWEALTH CODE INSPECTION SERVICE, INC.**  
**717-846-2004**

---

**SCHEDULING INSPECTIONS**

Our inspectors are in from 6:00 am to 8:00 am Monday through Friday to schedule inspections. You may leave inspections on voicemail as long as you are not requesting specific times, please note that due to the high number of inspections at this time we CANNOT guarantee any inspection time, you may REQUEST an inspection time and we will try our best to get there as close to the time you requested.

To leave an inspection on voicemail please make sure you include:

Your Name  
A contact phone number  
Property Address  
City  
Municipality  
Permit number (this is very important)  
Which inspection you are requesting

Below is a list of inspections that you MAY be required to have done, please refer to your inspection checklist included with your permit as to which inspections you need. If your fee was collected by the Municipality that fee was based on the following inspections being done and correct (no violations) in the manner listed below:

Footings (all footings that are to be dug for entire project, includes houses, garages, decks, etc.  
(unless a separate permit is pulled for each)

Foundation (should include: underground plumbing, slab, damp proofing, rebar. (All of these items can be inspected at the same time)

Framing rough in \  
Plumbing/Mechanical rough in -----(All of these inspections should be done at the same time)  
Electrical rough in electrical service /

Insulation rough in

Drywall

Final

If we are called out for additional trips due to violations or for example; service not ready at time of electrical rough in, and we have to come back, a fee of NO LESS THAN \$50.00 will be charged to the permit applicant and/or the property owner. We have the right to withhold certificate's of compliance until any additional fees are paid. If you have any questions please contact our office or an inspector, we will try to answer any questions you may have.

# Commonwealth Code Inspection Service, Inc.

40 W. 11th. Ave., Suite F  
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717-846-2004 Phone  
717-846-2294 Fax  
pete8@codeservices.net

## LIST OF REQUIRED INSPECTIONS

FOLLOWING IS A LIST OF INSPECTIONS THAT WOULD ORDINARILY BE REQUIRED FOR A PROJECT OF THIS TYPE. IT IS THE RESPONSIBILITY OF THE OWNER/CONTRACTOR TO VERIFY THAT ALL INSPECTION STAGES HAVE BEEN APPROVED PRIOR TO PROCEEDING TO THE NEXT PHASE OF THE PROJECT. PLEASE CONTACT YOUR INSPECTOR AT 717-846-2004 IF YOU HAVE ANY QUESTIONS ABOUT THE INSPECTION PROCESS. ESTIMATED NUMBER OF INSPECTIONS IF APPLICABLE: 1

**PLAN NUMBER** 2034-25

**OWNER NAME** Menges Mill Management, LLC

**PROJECT ADDRESS** 5932 Colonial Valley Rd.

**ASSIGNED INSPECTOR** Pete Schilling 717-846-2004 x101

### ORDINARY INSPECTIONS

- ☐ FOOTING-after excavation, forming, and placement of grade stakes. Prior to pouring concrete.
- ☐ FOUNDATION - After construction of foundation, waterproofing or damp-proofing as required, after placement of drain tile, stone filter fabric. Prior to backfilling.
- ☐ FRAMING- Following complete framing, rough plumbing, rough electrical, rough mechanical rough sprinkler and prior to installing insulation or covering.
- ☒ ELECTRICAL SERVICE - Following installation of service equipment and entrance conductors and prior to utility connection
- ☐ ELECTRICAL UNDERGROUND - Following installation of any conductors, conduits, etc. and prior to covering
- ☐ ELECTRICAL ROUGH-IN - Following installation of all conductors, outlets, etc. and prior to covering.
- ☐ ELECTRICAL FINAL- Following completed installation of all related equipment and prior to occupancy.
- ☐ PLUMBING UNDERGROUND - Following installation of building drains and water service piping and prior to covering.
- ☐ PLUMBING ROUGH-IN - Following installation of all drains, wastes, vents, water distribution, and mechanical systems and prior to covering.
- ☐ PLUMBING FINAL - Following completed installation of all related equipment and prior to occupancy
- ☐ MECHANICAL UNDERGROUND - Following installation of ducts and piping and prior to covering.
- ☐ MECHANICAL ROUGH-IN - Following installation of all ducts, piping systems and mechanical systems and prior to covering
- ☐ MECHANICAL FINAL - Following completed installation of all related equipment and prior to occupancy

- ☐ ENERGY UNDERGROUND - After installation of foundation/slab insulation and prior to covering
- ☐ ENERGY ROUGH-IN - Following installation of insulating material, firestopping and draftstopping. Prior to covering.
- ☐ ENERGY FINAL - After installation of all energy conservation components, systems, labeling and testing.
- ☐ DRYWALL- During installation, as required, to verify construction meeting a UL design for the required rating.
- ☐ FINAL - Following completion of all construction trades and prior to receiving certificate of occupancy. Use or Occupancy of any type is not authorized until after Certificate is issued.
- ☐ MASONRY - Periodic inspection of masonry vapor barrier, reinforcement, and ties.
- ☐ ACCESSIBILITY - Periodic and final inspections to verify universal accessibility per the Pa. UCC, IBC Chapters 10 and 11, and ANSI A117.1
- ☐ SPRINKLER UNDERGROUND - Following installation of sprinkler service piping and thrust block, and prior to covering.
- ☐ SPRINKLER ROUGH-IN - Following installation of all distribution, branch piping and standpipes. Sprinkler systems shall be tested in accordance with NFPA 13 (200# for 2 hours) and tests shall be scheduled 48 hours in advance.
- ☐ SPRINKLER FINAL - Following completed installation of all related equipment and prior to occupancy.
- ☐ FIRE ALARM - During and following installation and testing of systems.

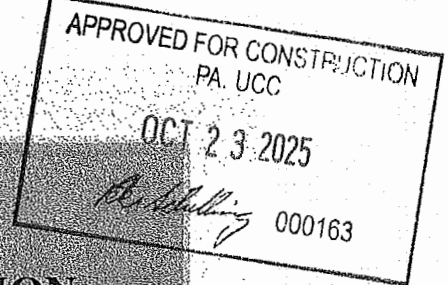
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### **INSPECTION NOTES**

1. Fire extinguishers shall be installed per NFPA 10; installation shall be field evaluated for code conformance.
2. Accessibility shall be field verified as conforming with IBC 2018 Chapter 11 and ANSI A117.1-2018.
3. All work, whether or not shown on the construction documents shall comply with the PA UCC (IBC and IRC as referenced). Work not shown will be field checked to determine compliance. Construction documents shall be on site at time of inspection; if not the inspection may be failed, at the discretion of the inspector, for failure to have them available for reference purpose.

*Those inspections annotated with a check mark are a required inspection for the work permitted. Noted inspections may be waived or additional inspections may be required, at the discretion of the Code Official, as deemed necessary in order to insure Code Compliance. Inspection approval must be obtained for the work currently complete before proceeding to the next step of construction listed in order for each trade.*

*All inspections will be conducted by Commonwealth Code Inspection Service, with the exception of special inspections required by the Pa. UCC and/or IBC Chapter 17; or as otherwise directed by the authority having jurisdiction. Special inspections shall be performed per the Pa. UCC and/or IBC Chapter 17. The applicant or authorized representative must request all regular inspections directly through Commonwealth Code Inspection Service, Inc. with at least 24 hours notice. Same day service may be provided if calls are received before 8:00 AM. Telephone 717-846-2004*



Heidelberg Township  
York County, Pennsylvania  
**BUILDING PERMIT APPLICATION**

Use this form for all PA UCC required projects

**LOCATION OF PROJECT**

Site Address: 5932 Colonial Valley Rd. Spring Grove PA 17362 Parcel Number: 30600 FFO 15300  
Property Owner: Kim Yates - Menges Mill Management LLC  
Owner Address (if different than project): 1202 Berkwood Rd. Rosedale MD 21237  
Owner Phone: 410-258-2782 Owner Email: Kimskrypt@aol.com

**CONTRACTOR INFORMATION**

All contractors/persons working in Heidelberg Township are required to have the appropriate licenses

General Contractor: \_\_\_\_\_ Phone: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_  
Plumber: \_\_\_\_\_ Phone: \_\_\_\_\_  
Electrician: Robert Likens Phone: 4436947232  
HVAC: \_\_\_\_\_ Phone: \_\_\_\_\_  
Additional Specialty: \_\_\_\_\_ Phone: \_\_\_\_\_

**LICENSE NUMBER**

PA 153312

**TYPE OF WORK**

**USE OF PROPOSED**

| Check all that apply                           | Residential                                                                                                                                                                                   | NON-Residential                                                                           |
|------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <input type="checkbox"/> New Construction      | Change of Use Created <input type="checkbox"/> YES <input type="checkbox"/> NO                                                                                                                | Change of Use Created <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| <input checked="" type="checkbox"/> Electrical | Attached <input type="checkbox"/> Detached                                                                                                                                                    | Industrial                                                                                |
| <input type="checkbox"/> Plumbing              | Single Family Dwelling                                                                                                                                                                        | Commercial                                                                                |
| <input type="checkbox"/> Mechanical            | Two Family Dwelling                                                                                                                                                                           | Service Station/Repair Garage                                                             |
| <input type="checkbox"/> Addition              | Multi-Family - Number of Units _____                                                                                                                                                          | Medical/Institutional Facility                                                            |
| <input type="checkbox"/> Structural Alteration | Accessory Building                                                                                                                                                                            | Office/Professional                                                                       |
| <input type="checkbox"/> Accessory Building    | Other: _____                                                                                                                                                                                  | Transient Hotel/Motel/Dormitory                                                           |
| <input type="checkbox"/> Moving/Relocating     |                                                                                                                                                                                               | Number of Transient Units: _____                                                          |
| <input type="checkbox"/> Foundation/Slab       |                                                                                                                                                                                               | Other: _____                                                                              |
| <input type="checkbox"/> Deck over 30 inches   | <b>PAID</b><br><i>If your project is exempt from inspections or does not meet inspection criteria, a ZONING PERMIT APPLICATION should be used instead of this Building Permit Application</i> |                                                                                           |
| <input type="checkbox"/> Other _____           |                                                                                                                                                                                               |                                                                                           |

MUST BE COMPLETED:

ESTIMATED COST OF IMPROVEMENT: \$ 4000.00

OWNERSHIP: Private ☐ Public ☐

# Heidelberg Township

## York County, Pennsylvania

### BUILDING PERMIT APPLICATION

Page 2

#### BUILDING CHARACTERISTICS

|                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>CONSTRUCTION TYPE</b><br><input type="checkbox"/> Stick Built on site<br><input type="checkbox"/> Pre-Built structure<br><input type="checkbox"/> Manufactured/Industrialized<br><input type="checkbox"/> Other _____                                                                                                      | <b>PRINCIPAL FRAME TYPE</b><br><input type="checkbox"/> Wood Frame<br><input type="checkbox"/> Masonry (wall bearing)<br><input type="checkbox"/> Structural Steel<br><input type="checkbox"/> Reinforced Concrete<br><input type="checkbox"/> Other (Specify) _____                                                                                                                                                                                                                                                                                                                                                                            | <b>PRINCIPAL ROOF TYPE</b><br><input type="checkbox"/> Asphalt Shingle<br><input type="checkbox"/> Metal<br><input type="checkbox"/> Wood<br><input type="checkbox"/> Rubber<br><input type="checkbox"/> Other (Specify) _____                                                                                  |
| <b>PARKING SPACES OFF STREET</b><br><input type="checkbox"/> Enclosed Spaces (Garage)<br><input type="checkbox"/> Outdoor Spaces<br><input type="checkbox"/> Handicap (if required)<br><input type="checkbox"/> Van Accessible (if required)<br><b>TOTAL</b> _____                                                            | <b>WATER and SEWAGE</b><br><input type="checkbox"/> Public Water<br><input type="checkbox"/> Private Well<br>Well Permit Number: _____<br>Septic System Type: _____<br>Septic Permit Number: _____                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>SIDING TYPE(S)</b><br><input type="checkbox"/> Vinyl Siding<br><input type="checkbox"/> Wood Siding<br><input type="checkbox"/> Metal or Aluminum<br><input type="checkbox"/> Masonry, Brick, Block, Stone, etc.<br><input type="checkbox"/> Stucco/Dryvit<br><input type="checkbox"/> Other (Specify) _____ |
| <b>BUILDING DIMENSIONS</b><br><input type="checkbox"/> Number of Stories _____<br>Basement: Yes/No Finished/Unfinished _____<br>Attic or Other Storage Area: Yes/No _____<br>Total Building Area: _____ sq. ft.<br>Overall Size: _____ X _____<br>Building Height Above Grade: _____ ft.<br>Lot is _____ sq. ft// _____ acres | <b>FLOODPLAIN-</b> Is the site located within an identified flood hazard area? <input type="checkbox"/> YES <input type="checkbox"/> NO<br><b>WETLANDS-</b> Is the site located within an identified wetland area? <input type="checkbox"/> YES <input type="checkbox"/> NO<br><b>HISTORICAL AREA-</b> Is the site located within a historic district? <input type="checkbox"/> YES <input type="checkbox"/> NO<br><b>HOA-</b> Is the site located within a HOA Community? <input type="checkbox"/> YES <input type="checkbox"/> NO<br>If YES to the above question, who is the contact person for the association:<br>Name: _____ Phone: _____ |                                                                                                                                                                                                                                                                                                                 |

**DESCRIBE THE PROJECT IN DETAIL:** Install 400 amp electrical service with 2 panels of 200 amp each being fed from the 400 amp panel

The owner of this property and the undersigned agree to conform to all Federal, State and Local Laws and Ordinances of Heidelberg 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 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 his authorized agent. I understand that permits may be required by the County or State and local agencies and it is my responsibility to obtain any required permits prior to the start of construction.

Signature of Applicant/Representative: Robert Likens Date: 10/20/25  
 Print Name: Robert Likens Title/Rep: Owner Robert Likens Electric

**ATTACH A PLOT PLAN OF YOUR ENTIRE PROPERTY**

emailed 4/31

# Commonwealth Code Inspection Service, Inc.

40 W. 11th. Ave., Suite F  
York, Pa. 17404

717-846-2004 Phone  
717-846-2294 Fax  
pete8@codeservices.net

## APPROVED PLAN REVIEW

**PLAN NUMBER** 0149-25

**DATE APPROVED** 1/28/2025

**PROJECT MUNICIPALITY** Heidelberg Township

**PROJECT ADDRESS** 5930 Colonial Valley Rd.

**PROJECT DESCRIPTION** install patio extension and cabanas

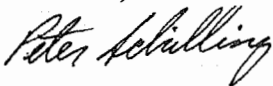
**OWNER** Menges Mill Management

The above referenced project install patio extension and cabanas has been reviewed in accordance with the Pa. UCC and found to be generally in conformance with the referenced model building codes. I recommend that a Building Permit should be issued to the applicant. I have the following comments that should be noted on the Permit:

1. Fire extinguishers shall be installed per NFPA 10; installation shall be field evaluated for code conformance.
2. Accessibility shall be field verified as conforming with IBC 2018 Chapter 11 and ANSI A117.1-2018.
3. All work, whether or not shown on the construction documents shall comply with the Pa. UCC (IBC and IRC as referenced). Work not shown will be field checked to determine compliance. Construction documents shall be on site at time of inspection; if not the inspection may be failed, at the discretion of the inspector, for failure to have them available for reference purpose.

*Please call me if you have any Questions.*

*Thank You,*



*Plan Reviewer*

*Page 1 of 1*

# Heidelberg Township

## BUILDING PERMIT

---

### PERMIT NUMBER 0149-25

---

PERMIT DATE 1/28/2025 PERMIT EXPIRATION DATE 1/28/2026

OWNER Menges Mill Management

PROJECT ADDRESS

## 5930 Colonial Valley Rd.

PROJECT COUNTY York

USE GROUP B CONSTRUCTION TYPE 5B ☐ SPRINKLER ☒ COMMERCIAL

APPLICABLE CODE-YEAR 2018 IBC ANSI A117.1 03 ☐ 09 ☒ 18 ☒

ENERGY CODE: ☐ IRC Energy ☐ IECC Energy ☐ Rescheck/Comcheck ☐ Pa. Alt. Energy Code

THIS IS A PERMIT TO:

install patio extension and cabanas

---

A Permit to install patio extension and cabanas at 5930 Colonial Valley Rd. has been granted according to the Municipal Building Code of Heidelberg Township. This Permit has been granted to the property owner under the condition that work on this project shall conform to the Municipal Building Code of Heidelberg Township and the Pennsylvania Uniform Construction Code, (2018 IBC edition), the submitted and approved Constructin Documents, and all other applicable Laws and Regulations. Futhermore, the Owner shall be responsible for insuring that all required inspections are scheduled and performed and that right of entry, for inspection purposes, shall be granted to the appropriate Code Inspection and Enforcement Authorities. Access shall be granted during normal business hours in accordance with the Pennsylvania Uniform Construction Code.

---

I have read this Permit, the inspection check list, and any notes or addendums on or attached to the Permit and/or Submitted Construction Documents. I understand the obligations, as well as the priviledges granted by this permit and agree, by adding my signature, that the work shall be performed in accordance with applicable Codes.



1/28/2025

Building Code Official or Authorized Agent

Date

Owner or Authorized Agent

Date

Permit Is Not Valid Until Signed

# Commonwealth Code Inspection Service, Inc.

40 W. 11th. Ave., Suite F  
York, Pa. 17404

717-846-2004 Phone  
717-846-2294 Fax  
pete8@codeservices.net

## Plan Review and Inspection Invoice

---

**PERMIT NUMBER** 0149-25

**PERMIT DATE** 1/28/2025

**COMMERCIAL** ☒

**PERMIT NOTES**

install patio extension and cabanas

---

**OWNER** Menges Mill Management  
5930 Colonial Valley Rd.  
Spring Grove, PA 17362

**OWNER PHONE** 410-258-2782

**PROJECT ADDRESS** 5930 Colonial Valley Rd.

**PROJECT MUNICIPALITY** Heidelberg Township

**PLAN REVIEW FEE** \$50.00

**INSPECTION FEE** \$400.00

**PA. STATE FEES** \$0.00

**ADMINISTRATIVE FEE:** \$15.00

---

**TOTAL= 465**

All plan review fees, inspection fees, municipal fees and state fees shall be paid at time of permit issue. Failure to pay account may result in permit revocation and shall result in denial of final approval and a delay in occupancy. Noted inspections may be waived or additional inspections may be required, at the discretion of the Code Official, as deemed necessary in order to insure Code Compliance. 4

**COMMONWEALTH CODE INSPECTION SERVICE, INC.**  
**717-846-2004**

---

***SCHEDULING INSPECTIONS***

Our inspectors are in from 6:00 am to 8:00 am Monday through Friday to schedule inspections. You may leave inspections on voicemail as long as you are not requesting specific times, please note that due to the high number of inspections at this time we CANNOT guarantee any inspection time, you may REQUEST an inspection time and we will try our best to get there as close to the time you requested.

To leave an inspection on voicemail please make sure you include:

Your Name  
A contact phone number  
Property Address  
City  
Municipality  
Permit number (this is very important)  
Which inspection you are requesting

Below is a list of inspections that you MAY be required to have done, please refer to your inspection checklist included with your permit as to which inspections you need. If your fee was collected by the Municipality that fee was based on the following inspections being done and correct (no violations) in the manner listed below:

Footing (all footings that are to be dug for entire project, includes houses, garages, decks, etc.  
(unless a separate permit is pulled for each)

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Framing rough in \  
Plumbing/Mechanical rough in -----(All of these inspections should be done at the same time)  
Electrical rough in electrical service /

Insulation rough in

Drywall

Final

If we are called out for additional trips due to violations or for example; service not ready at time of electrical rough in, and we have to come back, a fee of NO LESS THAN \$50.00 will be charged to the permit applicant and/or the property owner. We have the right to withhold certificate's of compliance until any additional fees are paid. If you have any questions please contact our office or an inspector, we will try to answer any questions you may have.

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pete8@codeservices.net

## LIST OF REQUIRED INSPECTIONS

FOLLOWING IS A LIST OF INSPECTIONS THAT WOULD ORDINARILY BE REQUIRED FOR A PROJECT OF THIS TYPE. IT IS THE RESPONSIBILITY OF THE OWNER/CONTRACTOR TO VERIFY THAT ALL INSPECTION STAGES HAVE BEEN APPROVED PRIOR TO PROCEEDING TO THE NEXT PHASE OF THE PROJECT. PLEASE CONTACT YOUR INSPECTOR AT 717-846-2004 IF YOU HAVE ANY QUESTIONS ABOUT THE INSPECTION PROCESS. ESTIMATED NUMBER OF INSPECTIONS IF APPLICABLE: 4

**PLAN NUMBER** 0149-25

**OWNER NAME** Menges Mill Management

**PROJECT ADDRESS** 5930 Colonial Valley Rd.

**ASSIGNED INSPECTOR** Peter Schilling 717-846-2004 Ext.101

### ORDINARY INSPECTIONS

- ☐ FOOTING-after excavation, forming, and placement of grade stakes. Prior to pouring concrete.
- ☐ FOUNDATION - After construction of foundation, waterproofing or damp-proofing as required, after placement of drain tile, stone filter fabric. Prior to backfilling.
- ☒ FRAMING- Following complete framing, rough plumbing, rough electrical, rough mechanical rough sprinkler and prior to installing insulation or covering.
- ☐ ELECTRICAL SERVICE - Following installation of service equipment and entrance conductors and prior to utility connection
- ☐ ELECTRICAL UNDERGROUND - Following installation of any conductors, conduits, etc. and prior to covering
- ☒ ELECTRICAL ROUGH-IN - Following installation of all conductors, outlets, etc. and prior to covering.
- ☒ ELECTRICAL FINAL- Following completed installation of all related equipment and prior to occupancy.
- ☐ PLUMBING UNDERGROUND - Following installation of building drains and water service piping and prior to covering.
- ☐ PLUMBING ROUGH-IN - Following installation of all drains, wastes, vents, water distribution, and mechanical systems and prior to covering.
- ☐ PLUMBING FINAL - Following completed installation of all related equipment and prior to occupancy
- ☐ MECHANICAL UNDERGROUND - Following installation of ducts and piping and prior to covering.
- ☐ MECHANICAL ROUGH-IN - Following installation of all ducts, piping systems and mechanical systems and prior to covering
- ☐ MECHANICAL FINAL - Following completed installation of all related equipment and prior to occupancy

- ☐ ENERGY UNDERGROUND - After installation of foundation/slab insulation and prior to covering
- ☐ ENERGY ROUGH-IN - Following installation of insulating material, firestopping and draftstopping. Prior to covering.
- ☐ ENERGY FINAL - After installation of all energy conservation components, systems, labeling and testing.
- ☐ DRYWALL- During installation, as required, to verify construction meeting a UL design for the required rating.
- ☒ FINAL - Following completion of all construction trades and prior to receiving certificate of occupancy. Use or Occupancy of any type is not authorized until after Certificate is issued.
- ☐ MASONRY - Periodic inspection of masonry vapor barrier, reinforcement, and ties.
- ☒ ACCESSIBILITY - Periodic and final inspections to verify universal accessibility per the Pa. UCC, IBC Chapters 10 and 11, and ANSI A117.1
- ☐ SPRINKLER UNDERGROUND - Following installation of sprinkler service piping and thrust block, and prior to covering.
- ☐ SPRINKLER ROUGH-IN - Following installation of all distribution, branch piping and standpipes. Sprinkler systems shall be tested in accordance with NFPA 13 (200# for 2 hours) and tests shall be scheduled 48 hours in advance.
- ☐ SPRINKLER FINAL - Following completed installation of all related equipment and prior to occupancy.
- ☐ FIRE ALARM - During and following installation and testing of systems.

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### **INSPECTION NOTES**

1. Fire extinguishers shall be installed per NFPA 10; installation shall be field evaluated for code conformance.
2. Accessibility shall be field verified as conforming with IBC 2018 Chapter 11 and ANSI A117.1-2018.
3. All work, whether or not shown on the construction documents shall comply with the Pa. UCC (IBC and IRC as referenced). Work not shown will be field checked to determine compliance. Construction documents shall be on site at time of inspection; if not the inspection may be failed, at the discretion of the inspector, for failure to have them available for reference purpose.

*Those inspections annotated with a check mark are a required inspection for the work permitted. Noted inspections may be waived or additional inspections may be required, at the discretion of the Code Official, as deemed necessary in order to insure Code Compliance. Inspection approval must be obtained for the work currently complete before proceeding to the next step of construction listed in order for each trade.*

*All inspections will be conducted by Commonwealth Code Inspection Service, with the exception of special inspections required by the Pa. UCC and/or IBC Chapter 17; or as otherwise directed by the authority having jurisdiction. Special inspections shall be performed per the Pa. UCC and/or IBC Chapter 17. The applicant or authorized representative must request all regular inspections directly through Commonwealth Code Inspection Service, Inc. with at least 24 hours notice. Same day service may be provided if calls are received before 8:00 AM. Telephone 717-846-2004*

# Heidelberg Township

## York County, Pennsylvania

### **BUILDING PERMIT APPLICATION**

Use this form for all PA UCC required projects

#### LOCATION OF PROJECT

Site Address: 5930 Colonial Valley Road Spring Grove Pennsylvania 17362 Parcel Number: 30-000-FF-0153.00-00000

Property Owner: Menges Mills Management ATTN\_KIM YATES

Owner Address (if different than project): \_\_\_\_\_

Owner Phone: 410-258-2782 Owner Email: kimskrypt@aol.com

#### CONTRACTOR INFORMATION

*All contractors/persons working in Heidelberg Township are required to have the appropriate licenses*

General Contractor: SELF-MENGES MILLS MANAGEMENT Phone: \_\_\_\_\_

Contact Person: JERRY WEST Phone: 443-447-8797

Plumber: \_\_\_\_\_ Phone: \_\_\_\_\_

Electrician: JUSTIN RUTLEDGE Phone: 443-392-4483

HVAC: \_\_\_\_\_ Phone: \_\_\_\_\_

Additional Specialty: \_\_\_\_\_ Phone: \_\_\_\_\_

#### LICENSE NUMBER

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### TYPE OF WORK

#### USE OF PROPOSED

| Check all that apply                                   | Residential                                                                                                                                                                           | NON-Residential                                                                           |
|--------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <input type="checkbox"/> NewConstruction               | Change of Use Created <input type="checkbox"/> YES <input type="checkbox"/> NO                                                                                                        | Change of Use Created <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| <input checked="" type="checkbox"/> Electrical         | <input type="checkbox"/> Attached <input type="checkbox"/> Detached                                                                                                                   | <input type="checkbox"/> Industrial                                                       |
| <input type="checkbox"/> Plumbing                      | <input type="checkbox"/> Single Family Dwelling                                                                                                                                       | <input checked="" type="checkbox"/> Commercial                                            |
| <input type="checkbox"/> Mechanical                    | <input type="checkbox"/> Two Family Dwelling                                                                                                                                          | <input type="checkbox"/> Service Station/Repair Garage                                    |
| <input type="checkbox"/> Addition                      | <input type="checkbox"/> Multi- Family - Number of Units _____                                                                                                                        | <input type="checkbox"/> Medical/Institutional Facility                                   |
| <input type="checkbox"/> Structural Alteration         | <input type="checkbox"/> Accessory Building                                                                                                                                           | <input type="checkbox"/> Office/Professional                                              |
| <input checked="" type="checkbox"/> Accessory Building | <input type="checkbox"/> Other: _____                                                                                                                                                 | <input type="checkbox"/> Transient Hotel/Motel/Dormitory                                  |
| <input type="checkbox"/> Moving/Relocating             | _____                                                                                                                                                                                 | Number of Transient Units: _____                                                          |
| <input type="checkbox"/> Foundation/Slab               | _____                                                                                                                                                                                 | <input type="checkbox"/> Other: _____                                                     |
| <input type="checkbox"/> Deck over 30 inches           | <b><i>If your project is exempt from inspections or does not meet inspection criteria, a ZONING PERMIT APPLICATION should be used instead of this Building Permit Application</i></b> |                                                                                           |
| <input type="checkbox"/> Other _____                   |                                                                                                                                                                                       |                                                                                           |

**MUST BE COMPLETED:**

**ESTIMATED COST OF IMPROVEMENT: \$** 95,000

**OWNERSHIP: Private** ☒ **Public** \_\_\_\_\_

# Heidelberg Township

## York County, Pennsylvania

### BUILDING PERMIT APPLICATION

Page 2

#### BUILDING CHARACTERISTICS

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                            |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>CONSTRUCTION TYPE</b><br><input type="checkbox"/> Stick Built on site<br><input type="checkbox"/> Pre-Built structure<br><input checked="" type="checkbox"/> Manufactured/Industrialized<br><input type="checkbox"/> Other _____                                                                                  | <b>PRINCIPAL FRAME TYPE</b><br><input checked="" type="checkbox"/> Wood Frame<br><input type="checkbox"/> Masonry (wall bearing)<br><input type="checkbox"/> Structural Steel<br><input type="checkbox"/> Reinforced Concrete<br><input type="checkbox"/> Other (Specify) _____                                                                                                                                                                                                                                                                                                                     | <b>PRINCIPAL ROOF TYPE</b><br><input checked="" type="checkbox"/> Asphalt Shingle<br><input type="checkbox"/> Metal<br><input type="checkbox"/> Wood<br><input type="checkbox"/> Rubber<br><input type="checkbox"/> Other (Specify) _____                                                                                  |
| <b>PARKING SPACES OFF STREET</b><br><input type="checkbox"/> Enclosed Spaces (Garage)<br><input type="checkbox"/> Outdoor Spaces<br><input type="checkbox"/> Handicap (if required)<br><input type="checkbox"/> Van Accessible (if required)<br><b>TOTAL</b><br><small>SEE PLANS</small>                             | <b>WATER and SEWAGE</b><br><input type="checkbox"/> Public Water<br><input checked="" type="checkbox"/> Private Well<br>Well Permit Number : _____<br>Septic System Type: _____<br>Septic Permit Number: _____                                                                                                                                                                                                                                                                                                                                                                                      | <b>SIDING TYPE(S)</b><br><input checked="" type="checkbox"/> Vinyl Siding<br><input type="checkbox"/> Wood Siding<br><input type="checkbox"/> Metal or Aluminum<br><input type="checkbox"/> Masonry, Brick, Block, Stone, etc.<br><input type="checkbox"/> Stucco/Dryvit<br><input type="checkbox"/> Other (Specify) _____ |
| <b>BUILDING DIMENSIONS</b><br>1 Number of Stories<br>Basement: Yes/No Finished/Unfinished<br>Attic or Other Storage Area: Yes/No<br>Total Building Area: 8360 sq. ft<br>Overall Size: <small>SEE PLANS</small> X _____<br>Building Height Above Grade: 12 ft<br>Lot is <small>SEE PLANS</small> sq. ft// _____ acres | <b>FLOODPLAIN-</b> Is the site located within an identified flood hazard area? __ YES <input checked="" type="checkbox"/> NO<br><b>WETLANDS-</b> Is the site located within an identified wetland area? __ YES <input checked="" type="checkbox"/> NO<br><b>HISTORICAL AREA-</b> Is the site located within a historic district? __ YES <input checked="" type="checkbox"/> NO<br><b>HOA-</b> Is the site located within a HOA Community? __ YES <input checked="" type="checkbox"/> NO<br>If YES to the above question, who is the contact person for the association:<br>Name: _____ Phone: _____ |                                                                                                                                                                                                                                                                                                                            |

**DESCRIBE THE PROJECT IN DETAIL:** \_\_\_\_\_

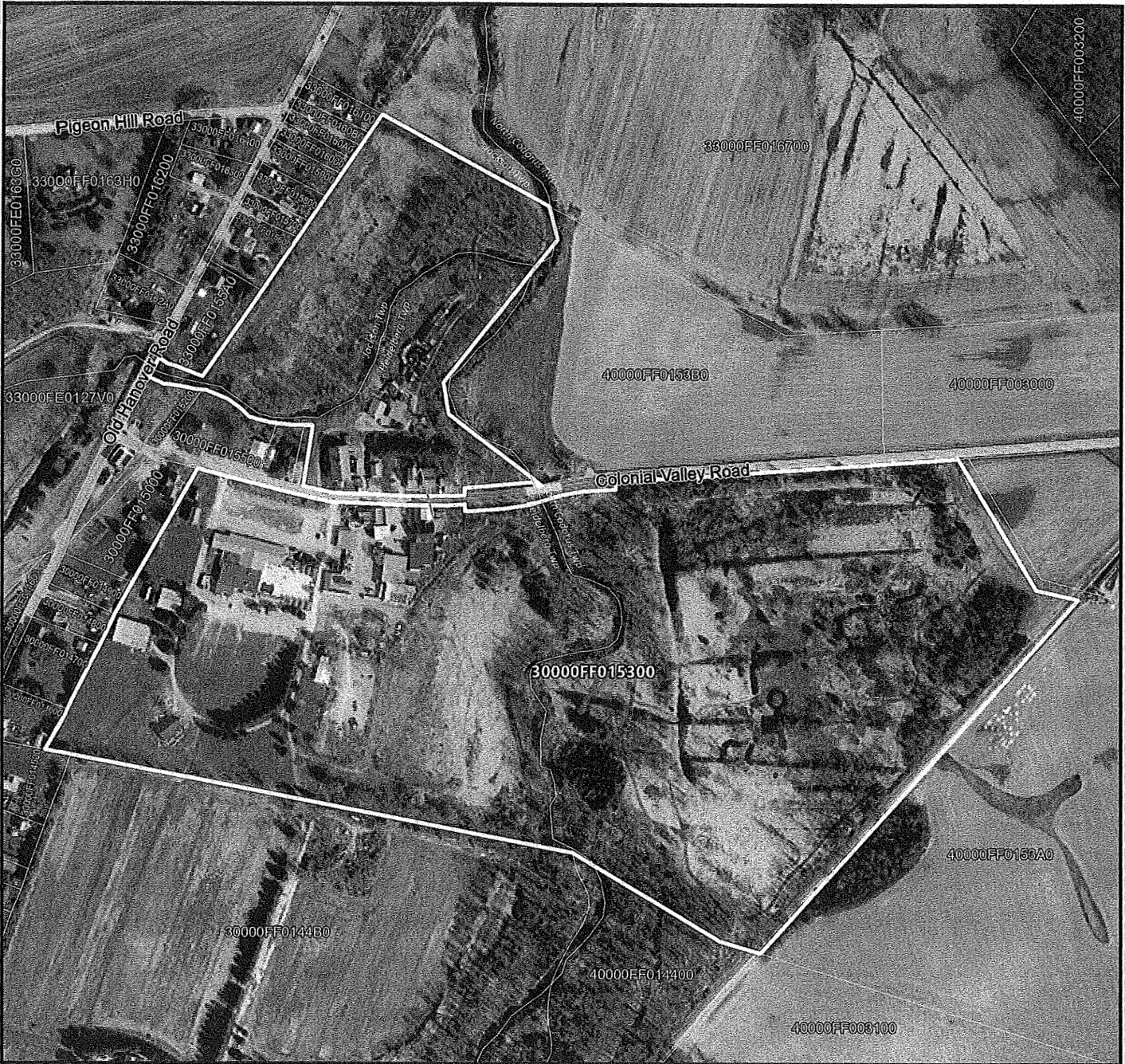
**TENSION OF EXISTING PATIO, INSTALLATION OF NEW PRE-FABRICATED POOL CABANAS.**  
**SEE PLANS**

The owner of this property and the undersigned agree to conform to all Federal, State and Local Laws and Ordinances of Heidelberg 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 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 his authorized agent. I understand that permits may be required by the County or State and local agencies and it is my responsibility to obtain any required permits prior to the start of construction.

**Signature of Applicant/Representative:** Kim Yates **Date:** 01.17.2025  
**Print Name:** KIM YATES **Title/Rep:** OWNER

**ATTACH A PLOT PLAN OF YOUR ENTIRE PROPERTY**

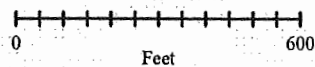
# Parcel - 30000FF015300000000



**Owner - MENGES MILL MANAGEMENT LLC**  
**Property Address - 5930 COLONIAL VALLEY RD**  
**Tax Municipality - Heidelberg Twp**  
**School District - Spring Grove School District**  
**Class - Farm**  
**Land Use - F - Ag With Commercial**  
**Acres - 62.18**  
**Assessed Land Value - \$ 76,980**  
**Assessed Building Value - \$ 330,170**  
**Assessed Total Value - \$ 407,150**  
**Sale Date - Oct. 06, 2017**  
**Sale Price - \$ 1**  
**Deed Book - 2442, Page 1347**

Layers should not be used at  
scales larger than 1:2400  
(Note: Pixilation will occur  
at scales 1" = below 200 Ft.)

Mapping Provided by



1 inch = 400 ft

1:4,800

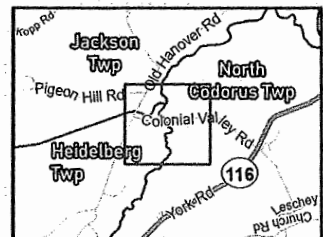
## Legend

- Land Joins
- Selected Parcel
- Parcels
- Municipal Boundary

Aerial Photography - 2024

Last Updated: 12/30/2024

## Inset Map



**Disclaimer:**  
The York County Planning Commission provides this Geographic Information System map and/or data (collectively the "Data") as a public information service. The Data is not a legally recorded plan, survey, official tax map, or engineering schematic and should be used for only general information. Reasonable effort has been made to ensure that the Data is correct; however the Commission does not guarantee its accuracy, completeness, timeliness. The Commission shall not be liable for any damages that may arise from the use of the Data."



# Heidelberg Township

York County, Pennsylvania

## ELECTRICAL PERMIT APPLICATION

Date: 01.17.2025 Tax Parcel: 30-000-FF-0153.00-00000 Project Cost: \_\_\_\_\_

Site Address: 5930 Colonial Valley Road Spring Grove Pennsylvania 17362

Property Owner(s): MENGES MILLS MANAGEMENT

Owner Address (If different from site address): \_\_\_\_\_

Owner Phone: 410-258-2782 Owner Email: kimskrypt@aol.com

Present Use of Structure: POOL CABANAS

**\*\* Commercial work requires construction drawings that have been reviewed and approved by a PA State Certified Plans Examiner. \*\***

Type of structure: New: \_\_\_\_\_ Existing: \_\_\_\_\_ Addition: \_\_\_\_\_

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

INSTALLATION OF NEW PRE-FABRICATED POOL CABANAS

**Electrician Information:** Name: JUSTIN RUTLEDGE License #: \_\_\_\_\_

Company Name: Menges Mills Management Phone #: 443-392-4483

Address: see above Email: \_\_\_\_\_

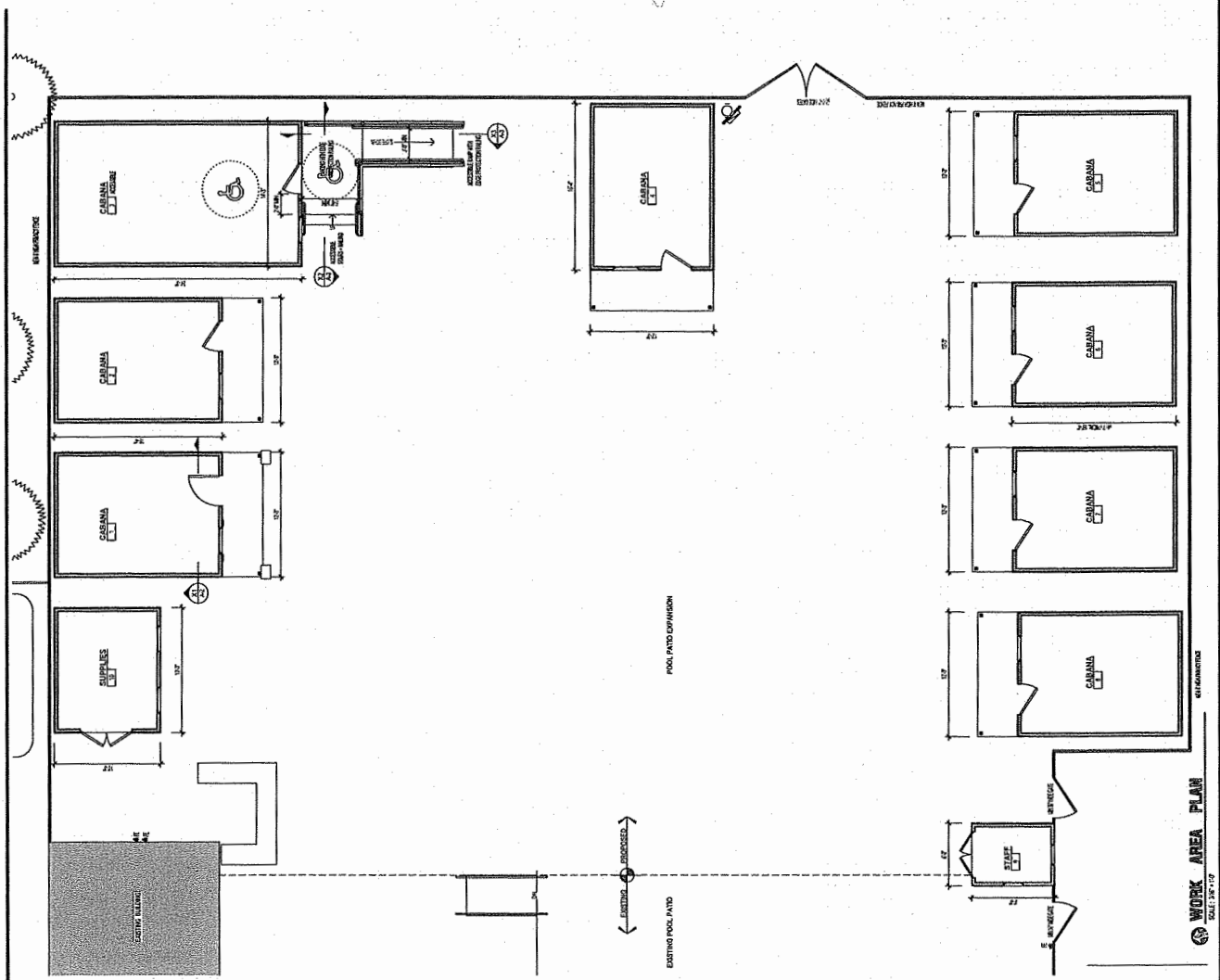
**Electric Supplier Job # (if applicable):** \_\_\_\_\_

**IMPORTANT:** All electrical work is required to be performed by a licensed electrician with the exception of a single-family, owner occupied home (does not include swimming pool), in which case the owner may perform the work, with the condition that the said owner personally purchase all material and perform all labor in connection therewith, and the property owner must sign the application in place of the electrician's signature.

**Electrical Contractors must submit a current Certificate of Insurance showing proof of Workers' Compensation and proof of a valid Electrician License with this application, if not already on file with Heidelberg Township.**

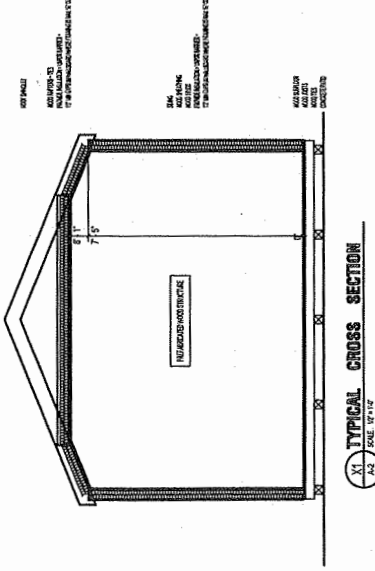
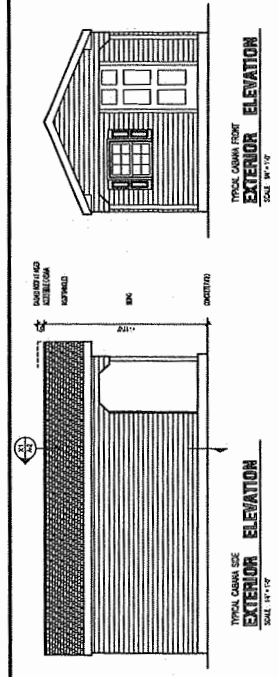
**Applicant Signature:** Kim Yates



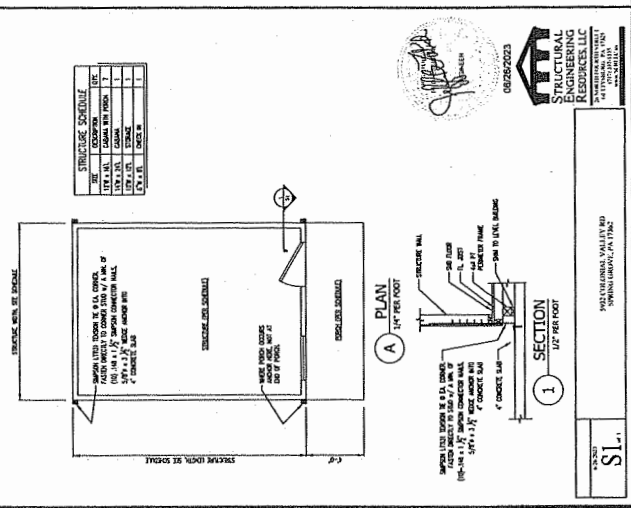


WORK AREA PLAN  
SCALE: 1/8" = 1'-0"

APPROVED FOR CONSTRUCTION  
PA. UCC  
JAN 28 2025  
*Robert Schilling* 000163



TYPICAL CROSS SECTION  
POOL 10' x 10'



STRUCTURAL  
RESOURCES LLC  
RESOURCES LLC  
4410 PENNSYLVANIA AVE  
HANTOVER, PA 17331

DATE: 10.10.2023  
SHEET: A-2  
SCALE: 1/4" = 1'-0"

\_\_\_\_\_

11

[illegible]