

****LOWER CHANCEFORD TOWNSHIP****

4120 Delta Road Airville, PA 17302

Phone 717-862-3589

Fax 717-862-3227

BUILDING PERMIT INSTRUCTION SHEET

The following should be completed for all construction:

- 1. Complete application and description of materials.
- 2. Responsibility for representing property boundaries is with the landowner. If survey stakes are not in place, the owner shall place stakes representing corners and road right-of-way locations and be willing to accept the responsibility for error.
- 3. Submit a site plan drawn to scale (1"=20' preferred) showing the following:

Proposed building, approved driveway location, existing building, existing wells, springs or streams, swales or ditches, existing or proposed seepage pits, method and location of erosion and sediment control, and existing and proposed septic systems.

Stake and label all above listed locations.

- 4. Submit a check for the required amount, payable to Lower Chanceford Township for building permit fees.
- 5. After receiving your permit from the Township for zoning purposed, the permit must be posted and maintained at the site at all times.
- 6. Upon completion of the project, you must send your postcard (filled out) back to the township office.
- 7. A final inspection by the Zoning Officer will be required to obtain a "Use and Occupancy".
- **REMINDER-You must obtain a "Use and Occupancy" from the Zoning Officer prior to use, to avoid a late charge.
- **ALL APPLICATIONS MUST SHOW STORMWATER CONTROL

****** INCOMPLETE APPLICATIONS WILL BE RETURNED******

APPLICATION for BUILDING PERMIT or USE CERTIFICATE

	office use only							
Application date:	Permit #: Zoning Officer Approval:							
Zoning District:	Zoning Officer Approval:							
Application date: Zoning District: Tax Map: Sewage Permit: Highway Occupancy Perm	cel:BCO Approval:							
Lighway Occupancy Por	Fees:							
Well Dempit	nit:Zoning:							
I se & Occupancy Permit	Strom water insp.:							
ose & Occupancy remit.	MDIA:UCC Admin:							
***********	· ************************************							
1)	ne (print) 2)							
Land Owner (s) nan	ne (print) phone number							
3)								
Land Owner (s) add	ress							
4)	dress (if different from above)							
Construction site add	dress (if different from above)							
5)								
Contractor name & a	address (print)							
	6)							
	6)6)							
7) Type of work: () Ne	ew Home () new accessory							
	teration home () addition to home							
, () add	dition to home () mobile home							
()								
8) Brief description of work:								
s, biter description of work.								
) Value of work:								
() Lies of almostores ()	dance () commercial () storage							
0) Use of structure: () resid	· · · · · · · · · · · · · · · · · · ·							
· · · · · · · · · · · · · · · · · · ·	ce () farm use () garage							
() other	<u> </u>							
Size of structure: Length.	Width							
1) Size of structure: Length: Height	Width Number of stories							

() finished	() partial () crav	vispace ()	concrete sian
14) Exterior wall material		15)	roof material
16) # of baths	17) # of bedrooms	18)	# of other rooms
19) Fireplace	20) Air Conditioner		•
21) Garage: () attached	() detached () inte	gral () carport	() none.
22) Decking/Patio: where	size	. () none
23) Heating: () natural gas () other	() fuel oil	() electric	() heat pump
24) Water Supply: () publ	ic () on-si	te well	() other
25) Sewage Disposal: () publi	ic () on-si	te septic	() other
application and the attached pla property lines before construction application in no way constitute by the Township unless permitted Engineer. In signing this application forth herein have been examined complete. Furthermore, the application to revoked at any time upon vious information may result in a criment the state of the	on. I/We understand the sapproval as to the local estimates, grades, on the applicant verifies and to the best of his/blicant understands that uction is in compliance plation of any provision tinal prosecution.	nat permit issued sue ation or grade of a and instructions from the facts and the facts and the knowledge are this permit is grant with the Municipals of the said Ordina	bsequent to this ny building or structure om Township estimated value set true, correct and ted on the express I Ordinances and may ances. Falsifications of
27) Signature of Applicant:			date:
Signature of Zoning Officer:			
Granted Date:			
Denied Date:	Re	ason:	

DESCRIPTION OF MATERIALS

NAME OF APPLICANT_				MAP	PARCEL
FOUNDATIONS:					
Footing: Concrete mix			Reinforcing		
Foundation wall: Material,	width & height	· · · · · · · · · · · · · · · · · · ·			
Interior foundation wall: M	Material		Party foundation	llog	
Columns: Material and size	P		Diere: Material a	nd reinforcing	
Girder: Material and sizes			Cille: Materiale	ma remuoreing_	
Basement entrance areaway	T,		Window organia	770	
Basement entrance areaway	у		Footing drains	ys	
Waterproofing Termite protection			roomig manis_		
Basementless space: groups	d parior	TT		T	Jatin wanta
Basementless space: ground	d cover	insuianon		Four	idanon vents
Special foundations Size of footers					
Depth of footers below grad	de				
CHIMINE I S.					
Material		P	refabricated (make	e & size)	
Flue lining: Material		Heater flue	size	Firep	olace flue size
Vents (material & size): Ga	s or oil heater	ν	Vater heater		
FIREPLACES:			· · · · · · · · · · · · · · · · · · ·	·	
Type: () Solid fuel () gas	s-burning () circu	ılator (make & size)		Ash bump &	clean-out
Fireplaces: Facing	0 ()	Lining	hearth		mantel
EXTERIOR WALLS					
Wood frame: grade & specie	29		() Corner bracin	g Building par	per or felt
Sheathing	thickness	width	() collect dracing	coosed ,	o.c. () diagonal
Siding	mickiess	widui	() Soud ()	spaceu	fortanina
Shingles	grade	type	Size	exposure	fastening fastening
Stroop	grade	type	Size	exposure	rastening
Mason	unckness	Lath		_ weight	
Masonry veneer		Sills		Lintels	
viasonary. Facing		backup	thickness		bonding
DOOL SHIS		window sills		Lintels	
Lillerior surfaces: Da	ampproffing	coats of		furring	
exterior painting: Material_				number of coa	ats
Gable wall construction ()	same as main walls	() other			
LOOR FRAMING:					
oists: Wood, grade & specie	S	other	bridging		anchors
Size		span	0 0	spacing	
oncrete slab: () Basemen	t floor () first floo	or () ground support	() self-supporti	ne mix	thickness
• • •		insulation	() son support	membrane	`
ll under slab: Material		thickness			
		mrcvices			
UBFLOORING:					
laterial: Grade and Species				size	type
aid: () First Floor () 6	Second Floor ()	Attic	sa ft () diagons) () right an	gles
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) ()				
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Sheathing: grade & species size type () old () spaced Roofing grade weight of trickness size fastening Stain or Paint Underlay Underlay mumber of plies surfacing material GUITERS & DOWNSPOUTS: gage or weight size shape GUITERS & DOWNSPOUTS: gage or weight size shape Downspouts: material gage or weight size shape Downspouts: connected to: () Storm sewer () sanitary sewer () dry-well () Splash backs: material & size LATH & PLASTER: Lath () walls () ceilings: material weight & thickness plaster, coats fimsch Drywall () walls () ceilings: material weight & thickness plaster, coats fimsch STAIRS THREAD RISERS STRINGS HANDRAIL BALUSTERS Material Thickness Material	ROOFIN				•						
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State of Paint Dudelay Dumber of piles Starfacing material	Roofing				grade	wei	ght or thickn	ess	size	fastening	
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AVID LUNG BLX HIDEC		,	изи-опцов к	canons							
STOTI HOLD INTOKES		ZIOKUS									
Total number of fixtures Total allowance for fixtures, typical installation, \$ Total allowance for fixtures, typical installation	Vontypical inct	allation			1 ota	u auowance	ior nxtures,	typical insta	шайоп, \$		

PLUMBING:														
FIXTURE	NUMBER	LOCATION										\top	T	T
Sink														T
Lavatory												\top		T
Water Closet												1	\top	T
Bathtub						***							1	T
Shower over tub*												\top		\top
Stall shower**												+		1
Laundry trays												+	+	T
										T				_
House drain (inside)	: () Cast iron	() tile () other		Hous	e sewer (outside	·)· () C:	est iron	() til	e () (other			
Water piping: () Ga	alvanized steel	() cooper tubing	() other	11003	J SCYPCI (Outside	,,. () 62	ыснов	cil	Loock	·s #			
Domestic water heat	er: Type	() tooper tooms	() 00101		7	nake &	model_		SIL	I COOK				
Recovery_		gph, 1	100' rise. S	Storage ta	nk: mater	rial			сара	city			gallo	ns
	ity Co. () liq	pet. Gas () other			- Andrew		gas pi	ping () cook	ing () hous	e h	eatir	12
Gas service: () Utili Footing drains conne	ected to: () S	storm sewer () San	itary sewer	() dry	vell. Sur	np Pun		PB (,		, 110 02			0
Describe any main d				items no	t shown	elsewh	ere:							
PORCHES: (show si	ze & describe	materials of constru	action)											_
GARAGES: (describe	materials of e	exterior & interior co	onstruction	& size of	garage)									_ _ _ _
THER ONSITE IMP Specify all exterior on taining walls fence, r	site improven	nents not described	elsewhere,	including	items su	ch as u	nusual g	rading,	, draina	age str	ructure	S,		-

First Floor:	Number of doors	width of doors	Maximum Distance to Exit
Basement:		width of doors	
		Bedrooms	
	Size of Basement bedi	room windows	Height of Basement bedroom windows above floor_
DEL (A DYCO	0 Titor	,	
		F DETAILS OR CONTINUA on separate sheet of paper at	ATION OF PRECEEDING ITEMS:
(= 111020 бра	co is required, committee	on separate sites of paper at	nd attach hereto.)
		·	
			•
			or in the approved plans must be authorized by the approval of
ate:	Signatus	e of Applicant	
		DO NOT WRITE B	BELOW THIS LINE
wlding Inspec	ctor's Notes		
e of Approva	l:	Signatur	eBuilding Inspector
			Building Inspector
of Approval	:	Signature	3
			Code Enforcement Officer

Workers' Compensation Insurance Coverage Information (Attach to building permit application)

A. The applicant is A contractor within the meaning	ng of the Pennsylvania Workers' Compensation Law
()	Yes () No
If the answer is "yes" con	mplete Sections B and C Below as appropriate.
B. Insurance Information	
Name of Applicant	
Federal or State Employer Identi	ification No
Applicant is a qualified self-insu	rer for worker' compensation.
() Certificate Attache	d
Name of Workers' Compensation	n Insurer
Workers' Compensation Insurance	ce Policy No
() Certificate attached	
Policy Expiration Date	
workers' compensation insurance. The undersigned swears or affirm Compensation insurance under to Law for one of the following reasons, at () Contractor with no employed.	the provisions of Pennsylvania's Workers Compensation as indicated ees, Contractor prohibited by the law from employing any this building permit unless the contractor provides proof ne Workers Compensation Law.
(signature of Notary Public)	
My commission expires:	
Signature of applicant	
Address	
	Municipality of