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# LOWER CHANCEFORD TOWNSHIP

## BUILDING PERMIT INSTRUCTION SHEET

The following permits are required for new homes or business construction prior to issuance of a building permit:

- A. State roads require a "Highway Occupancy Permit". (PENNDOT 717-848-0907)
- B. Township roads require a "Township Driveway Permit". (Dave Harrington 862-3589)
- C. A "Sewage permit". (SEO-Steve McKeon 410-937-0462)

\*\*Submit copies of any above which apply, with application.

The following should be completed for all construction:

- D. Complete application and description of materials forms obtained from township office.
- E. 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.
- F. Submit a **SITE PLAN** drawn to scale (1"=20' preferred) showing the following: proposed building, approved driveway location, existing buildings, existing or proposed 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.
- G. Submit (2) completed packets to **Lower Chanceford Township**. The proposed packet should include the **structural plan** and the **description of materials form**. **The Zoning Officer will visit the site for zoning purposes.**
- H. After the **Zoning Officer** conducts the visit, your packets will be given to the **BCO** for structural review.
- I. When the **BCO** returns your packet to **Lower Chanceford Township**, the **Zoning officer will call you with the amounts** and your permit will be ready for pick-up.
- J. Bring (2) checks. One will be for zoning and the other will be for the inspections.
- K. All permits must be posed and maintained at the site at all times. The **UCC inspector** will document each visit on these permits.

**L. A FINAL INSPECTION BY THE ZONING OFFICER WILL BE REQUIRED TO OBTAIN USE AND OCCUPANCY FROM LOWER CHANCEFORD TOWNSHIP.**

**(2) COPIES OF THE APPLICATION, SITE PLAN, STRUCTURAL PLAN, AND DESCRIPTION OF MATERIALS FORM MUST BE SUBMITTED TO THE BUILDING COLD OFFICIAL TO BE CONSIDERED A COMPLETE SUBMISSION. INCOMPLETE SUBMITTALS WILL NOT BE ACCEPTED. ANY ADDITIONAL QUESTIONS, PLEASE CALL LOWER CHANCEFORD TOWNSHIP OFFICE AT 717-862-3589 MONDAY-THURSDAY 7:30AM-3:00PM.**

**\*\*ALL APPLICATIONS MUST SHOW STORMWATER CONTROL**

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

**APPLICATION FOR BUILDING PERMIT / USE CERTIFICATE**  
PA. UCC and referenced INTERNATIONAL BUILDING CODE SERIES is enforced

MUNICIPALITY \_\_\_\_\_

Application Date \_\_\_\_\_ Application No. \_\_\_\_\_

**1. PROPERTY INFORMATION**

Tax Map \_\_\_\_\_ Site Address \_\_\_\_\_

Parcel No. \_\_\_\_\_

Zone: Agricultural \_\_\_ Commercial \_\_\_ Conservation \_\_\_ Industrial \_\_\_ Residential \_\_\_

**2. OWNER'S INFORMATION**

First Name: \_\_\_\_\_ Mi. \_\_\_\_\_ Last Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**3. BUILDING PERMIT APPLICATION**

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

ESTIMATED COST OF CONSTRUCTION:\$ \_\_\_\_\_

ESTIMATED START DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

ESTIMATED COMPLETION DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

**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 \_\_\_\_\_ DATE \_\_\_\_\_

Address \_\_\_\_\_ Phone No \_\_\_\_\_

**( TURN PAGE OVER )**

**5. CONTRACTOR INFORMATION**

*Please list additional general contractor information on additional sheet(s) if applicable*

Name of Contractor \_\_\_\_\_ Phone No \_\_\_\_\_

Chief Executive Officer \_\_\_\_\_ Phone No \_\_\_\_\_

Person in Charge of Work \_\_\_\_\_ Phone No. \_\_\_\_\_

Contractor Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Proof of "Workman's Compensation" Insurance \_\_\_\_\_

**6. SUBCONTRACTOR INFORMATION**

*Please list subcontractors for major trades, use additional sheet(s) if applicable*

Contractor \_\_\_\_\_ City, State, Zip \_\_\_\_\_ Phone No \_\_\_\_\_

Contractor \_\_\_\_\_ City, State, Zip \_\_\_\_\_ Phone No \_\_\_\_\_

Contractor \_\_\_\_\_ City, State, Zip \_\_\_\_\_ Phone No \_\_\_\_\_

Contractor \_\_\_\_\_ City, State, Zip \_\_\_\_\_ Phone No \_\_\_\_\_

Contractor \_\_\_\_\_ City, State, Zip \_\_\_\_\_ Phone No \_\_\_\_\_

**7. OFFICE INFORMATION**

APPLICATION FEE: \$ \_\_\_\_\_

ISSUANCE DATE \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

PERMIT FEE: \$ \_\_\_\_\_

EXPIRATION DATE \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

INSPECTION FEES \$ \_\_\_\_\_

EXTENSION DATE \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

TOTAL FEES \$ \_\_\_\_\_

APPLICATION IS: GRANTED \_\_\_\_\_ DENIED \_\_\_\_\_

SIGNATURE OF PERMIT OFFICER \_\_\_\_\_ DATE \_\_\_\_\_

**APPLICANT OR AUTHORIZED AGENT IS RESPONSIBLE FOR CONTACTING BUILDING INSPECTOR FOR REQUIRED INSPECTIONS.**

APPLICATION for BUILDING PERMIT  
or USE CERTIFICATE

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office use only

Application date: \_\_\_\_\_ Permit #: \_\_\_\_\_  
Zoning District: \_\_\_\_\_ Zoning Officer Approval: \_\_\_\_\_  
Tax Map: \_\_\_\_\_ Parcel: \_\_\_\_\_ BCO Approval: \_\_\_\_\_  
Sewage Permit: \_\_\_\_\_ Fees: \_\_\_\_\_  
Highway Occupancy Permit: \_\_\_\_\_ Zoning: \_\_\_\_\_  
Well Permit: \_\_\_\_\_ Strom Water Insp.: \_\_\_\_\_  
Use & Occupancy Permit: \_\_\_\_\_ MDIA: \_\_\_\_\_  
UCC Admin: \_\_\_\_\_

\*\*\*\*\*

- 1) \_\_\_\_\_ 2) \_\_\_\_\_  
Land Owner (s) name (print) phone number
  
- 3) \_\_\_\_\_  
Land Owner (s) address
  
- 4) \_\_\_\_\_  
Construction site address (if different from above)
  
- 5) \_\_\_\_\_  
Contractor name & address (print)
  
- \_\_\_\_\_ 6) \_\_\_\_\_  
phone number
  
- 7) Type of work:      New Home                      new accessory  
                          alteration home                  addition to home  
                          addition to home                  mobile home  
                          \_\_\_\_\_
  
- 8) Brief description of work: \_\_\_\_\_  
\_\_\_\_\_
  
- 9) Value of work: \_\_\_\_\_
  
- 10) Use of structure:    residence                      commercial                  storage  
                          office                              farm use                      garage  
                          other \_\_\_\_\_
  
- 11) Size of structure: Length: \_\_\_\_\_ Width \_\_\_\_\_  
                                  Height: \_\_\_\_\_ Number of stories \_\_\_\_\_
  
- 12) Foundation Construction:  block      pored concrete      other \_\_\_\_\_



- 13) Basement: ( ) full ( ) partial ( ) crawlspace ( ) concrete slab  
 ( ) finished
- 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 ( ) integral ( ) carport ( ) none
- 22) Decking/Patio: where \_\_\_\_\_ size \_\_\_\_\_ ( ) none
- 23) Heating: ( ) natural gas ( ) fuel oil ( ) electric ( ) heat pump  
 ( ) other \_\_\_\_\_
- 24) Water Supply: ( ) public ( ) on-site well ( ) other \_\_\_\_\_
- 25) Sewage Disposal: ( ) public ( ) on-site septic ( ) other \_\_\_\_\_

\*\*\*\*\*

I/ We the undersigned, hereby apply for a permit for the purposes described in this application and the attached plans. I/We assume responsibility for the establishment of official property lines before construction. I/We understand that permit issued subsequent to this application in no way constitutes approval as to the location or grade of any building or structure by the Township unless permitted secured lines, grades, and instructions from Township Engineer.

In signing this application the applicant verifies that the facts and estimated value set forth herein have been examined and to the best of his/her knowledge are true, correct and complete. Furthermore, the applicant understands that this permit is granted on the express conditions that the stated construction is in compliance with the Municipal Ordinances and may be revoked at any time upon violation of any provisions of the said Ordinances. Falsifications of information may result in a criminal prosecution.

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27) Signature of Applicant: \_\_\_\_\_ date: \_\_\_\_\_

Signature of Zoning Officer: \_\_\_\_\_

Granted Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Denied Date: \_\_\_\_\_ Reason: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



**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 appropriate.

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**B. Insurance Information**

Name of Applicant \_\_\_\_\_

Federal or State Employer Identification No. \_\_\_\_\_

Applicant is a qualified self-insurer for worker' compensation.

( ) Certificate Attached

Name of Workers' Compensation Insurer \_\_\_\_\_

Workers' Compensation Insurance Policy No. \_\_\_\_\_

( ) Certificate attached

Policy Expiration Date \_\_\_\_\_

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**C. Exemption**

Complete Section C if the applicant is a contractor claiming exemption for proving workers' compensation insurance.

The undersigned swears or affirms that he/she is not required to provide workers'

Compensation insurance under the provisions of Pennsylvania's Workers Compensation Law for one of the following reasons, as indicated

( ) Contractor with no employees, Contractor prohibited by the 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 the Workers Compensation Law.

Subscribed and sworn to before me this

\_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

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

My commission expires: \_\_\_\_\_

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Signature of applicant \_\_\_\_\_

Address \_\_\_\_\_ County of \_\_\_\_\_

\_\_\_\_\_ Municipality of \_\_\_\_\_



