

Franklin Township, Adams County Guide to Applying for a Zoning-Land Use Permit

FRANKLIN TOWNSHIP: Phone: 717-334-4901 ext. 100

55 Scott School Rd, Orrtanna, PA 17353

Email: info@franklintwp.us Website: franklintwp.us

PMCA: Phone 717-496-4996 Email: pmca@pacodealliance.com

Prior to applying for a Zoning-Land Use Permit, please research to make sure your property is an approved building lot located in the correct zoning district for the use being proposed.

<u></u>	► Checklist to assist in the Z	oning-Land Use Permit Application	n process
Complete	application - signed and legible (Obtain	n at the Twp. Office OR the Franklin Twp. Website does not apply to you put "N/A" in the field	under "Forms & Documents"]
Detail	ed project description		
Plot p	lan/site sketch required (can be hand drawn	h, height) <u>describe the intended use</u> of the structu	re.
✓ Distances from ✓ Septic Tank & D ✓ Stormwater rete	property lines to proposed structures rain Field OR Public Serwer Lateral ntion & Infiltration facilities (if applicable)	and not to scale) ✓ Existing and proposed structures ✓ Driveway (proposed or existing) ✓ Public & Private Roads w/R/W width ✓ Swales, Drainageways, streams, ponds & vation, open space and agricultural preservation, etc.	 ✓ Flood Plain (if applicable) ✓ Well or Public Water Line vetlands
Correc	t Application Fee	etc.	
	Franklin Township has a two-tiered fee str application <u>and</u> a square footage fee asse issuance. [Obtain Fee Schedule at the Tw	ucture for Zoning-Land Use Permits. There is an inseed during the review and communicated to the p. Office OR the Franklin Twp. Website under "Fo	applicant, payable prior to permit rms & Documents"
►►THE F	DLLOWING MAY BE REQUIRED, IF BUILD	NG A NEW STRUCTURE OR ADDING TO AN E	VICTING OTRUGE
☐ Stormwater	Obtain the Stormwater Management Work Stormwater plan submissions will be review PA 17325 Phone: 717 339-0612.	ncrease in Impervious Coverage (sheets from the Twp. or Twp. Website under "For wed by the Township Engineer (KPI Technology, 1 \$750.00 stormwater review Fee shall be posted i	10 0 11 1 01
Erosion and	Sediment Control plan		
	Disturbance Flowchart, or Twp. Website unapproved DEP issued NPDES Permit (Natio	area [Contact the Adams County Conservation Dinder "Forms & Documents"] 1 Acre or greater dismal Pollutant Discharge Elimination System)	istrict for assistance and Earth turbed area requires an
☐ Septic	On-Lot Septic Permit from the Township Se Gil Picarelli, Franklin Twp. SEO	wage Enforcement Officer (SEO)	
	Public Sewer – Provide a copy of paid sewer	arlisle Street, Gettysburg, PA 17325 er tap permit from the Public Sewer Service	
☐ Well	On-Lot Well Permit Application needs to be [Obtain at the Two, office OR the	Provided for review and approval. "Well Permit	
	Public Water - Provide a copy of paid water	tap permit from the Public Water Service Provide	s"] r
☐ Driveway	Driveway on Township Road / Road Encroad	chment Permit – "Minimum Use Driveway Perm	
Contractor W	orkman's Compensation Insurance certi	ficate or exemption form	
THE SECTION OF THE SEC	The second of the Tw	p. office OR the Franklin Twp. Website under "For	ms & Documents"]

After Zoning-Land Use Permit Approval:

A Uniform Construction Code (UCC) Building Permit may also be required for your project. Please visit Pa. Municipal Code Alliance website for UCC Building Permit application information: https://pacodealliance.com/Permit-Applications

You may apply for a Zoning - Land Use Permit and a UCC Building Permit concurrently. It is, however, a better practice to wait until you have full zoning approval. Regardless, the Building Permit will not be issued before the Zoning-Land Use Permit is approved.

An Adams County Property Improvement Certification may also be required. Call 717-337-9837 or visit the Tax Services Website: : https://www.adamscountypa.gov/getmedia/c52769cf-e096-417c-86df-acb8bb1e9cc4/PropertyImprovementCerification.pdf



► FRANKLIN TOWNSHIP ◀

55 Scott School Road, Orrtanna, PA 17353

Phone: 717-334-4901 Email: info@franklintwp.us

Date Received: Permit No .:_

ZONING / LAND USE PERMIT APPLICATION

TO BE FILLED IN BY APPLICANT:

Application is hereby made for a permit in compliance with the Municipal Zoning Ordinance. The application shall be considered complete when all adequate required documentation is submitted, zoning permit fee has been paid and the application is

A Site Sketch Plan/Plot Plan shall be submitted with this application showing the location of the proposed building or use (scale not needed). Show dimensions of all property boundaries comprising the lot/parcel shape, locations of existing right-ofways, stream(s), flood plain(s), public roadway(s), private road(s), driveway(s), well(s), septic(s), existing structures, and present usage or occupancy. No changes will be made to this application and/or Plot Plan without submitting written notification and plans

1.	Location of Property:				
2.	Parcel/Tax I.D.#:				
3.	Applicant Information:	Parcel/Tax I.D.#: Area of Lot/Parcel (sq.ft or acres): Applicant Information:			
	First Name:	7 - 33			
	First Name: Street Address (complete)	Last Name or Busin	ess Name:		
	Street Address (complete) Phone#: Owner Information:	F ''			
25	Owner Information:	Email:			
	First Name:	Last Name - P			
	First Name: Street Address (complete) Phone#:	_ Last Name or Busine	ess Name:		
	Phone#:	The state of the s			
1	Property Information (if different from above)	. Entail:			
8	First Name:	Last Name or Pusi-			
1	First Name:Street Address (complete)	ast ivalle of Busine	ss Name:		
	Street Address (complete)Phone#:				
1	Parking Spaces (off street): Present:	Proposed			
I	Parking Spaces (off street): Present: Present Use:	_ Proposed:	Height of Propos	sed Building:	
	Present Use:	Troposed Os	e:		
	☐ Erect a New Structure(s)	Residential Pool	☐ Commercial		
	Replace a Structure(s)			Change of Occupancy	
	Add to a Structure(s)	Home Occupati		☐ Demolition	
		Change of Land	Use	Fence / Wall	
	☐ Erect / Replace a Sign (See Sign Permit Z ☐ Other (Please Specify):	oning Application & a	ttach with this applic	ation)	
(Other (Please Specify):				
I	Describe Proposed Project/Use in more detail.	Estima	ted or Act	tual	
_	Describe Proposed Project/Use in more detail:				
****			A STATE OF THE PARTY OF THE PAR		
_					
	ACCOUNT COMPANY MANAGEMENT COMPANY COMPANY				

11. Is existing septic system in good condition: YES NO NO 12. Has a Permit for an on lot septic system been obtained: YES	T. T. C. T.	
· · · · · · · · · · · · · · · · · · ·	NO DNOT ADDI.	
If yes, date Permit issued:	NO LINOI APPLI	CABLE
 If yes, date Permit issued: and Permit exist nor septic permit has not been issued, no zoning permit w for on lot septic disposal is submitted. 	#: ill be issued until prod	NOTE: If septic system does no of of compliance with DEP regulation
13. Road encroachment permit: Municipal State		
	N []	
Private, Permit issued: Yes	No Not Applicat	ole
 If applicable, Stake corners of new structure location on lot. This sho approval. Failure to do this will delay issuing of zoning permit. 	uld be completed at th	e time application is submitted for
I verify that the foregoing statements are true to the best of my informat herein—are subject to the penalties of 18 PA C.S.A. relating to unsworn is the applicant's responsibility to obtain a Building Permit prior to stal am the owner of record of the named property, or that the proposed whave been authorized by the owner to make this application as his authorized by the establishment of official property lines for require agree to conform to all applicable laws of this jurisdiction. I certify that authority to enter the areas—in which this work is being performed, at a Codes governing this project.	rting construction as per work is authorized by the prized agent and I under d setbacks prior to the	ties. I also understand that it er Act 45. I hereby certify that ne owner of record and that I rstand and assume start of construction, and
Applicant Name – please print Signature of Appl		
Signature of Appl.	cant	Date
▶ Payment is set by Municipality [Resolution 2003-07] at Payment must be received prior to official	\$35 per Zoning Per	mit Application
ayment must be received prior to officia	\$35 per Zoning Per al review – thank you	mit Application u◀
Everything Below is for Township Official Use ONLY	il review – thank yo	u ∢
Everything Below is for Township Official Use ONLY hecklist of preliminary requirements for obtaining a building permit, approvals to be obtained. Mark N/A for those that are not applicable. Attach extra sheets if necessary to Sewage facilities planning module. DEP Planning Code #	tained prior to applying for identify special requires	or a building permit. All items must be nents or conditions.
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TO BE FILLED IN BY ZONING OFFICER/ADMINISTRATOR:

1.	. Plot Plan Submitted? YES NO	NOT REQUIRED			
2.		1 NOT REQUIRED			
	r standing School Front:	Rear	Ct.J.		
		Rear	_ Side: _		
		Kear.	Cil		
	Does proposed project conform with Building Setb	ack requirements?:	Yes		
	Remarks:				☐ Not Applicab
3.					
4.	Minimum Loading Space:	pace Provided:			
5.	Maximum Sign Area: Maximum Lot Coverage:	Proposed Sign Area: _			LICENSES.
,	Pr	oposed Lot Coverage:			
6.	Remarks:				
7.	Fee: S				
7. TII	Fee: \$ Date Paid:				
TII	Fee: \$ Date Paid:	(ash)
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Chambersburg Office: 1013 Wayne Ave, Chambersburg, PA 17201 Phone: 717 496-4996 Bedford Office: 125 S. Richard Street, Suite 102, Bedford, PA 15522 Phone: 814 310-2326

Somerset Office: 510 Georgian Place, Somerset, PA 15501 Phone: 814 444-6112 Adams Office: 1895B York Road, Gettysburg, PA 17325 Phone: 717 321-9046

Email: pmca@pacodealliance.com Website: https://pacodealliance.com/

Requirement checklist to obtain a building permit for a:

RESIDENTIAL SOLAR PANEL

	➤ Roof Mounted or Ground Mounted Solar ◄
	Completed two-page application (must be legible and signed) [2 COPIES]
	Land Use Permit (signed/approved by the Municipality) [2 COPIES]
	Site Plan (include all existing structures, proposed structure and their distances to all lot lines) [2 COPIES]
	Manufacturers Specifications [2 COPIES]
	House Roof Specifications [2 COPIES] Engineered structural analysis, signed & sealed should be provided.
	Copy of Contractors Certificate of Insurance for Workers Compensation OR
	If doing the work yourself submit Workers Compensation Insurance Coverage Waiver [refer to the attached document].
	Driving directions from a known landmark or intersection

- After submitting all required documents your application will be reviewed.
- PMCA will contact you to let you know if your application has been approved or denied.
- ✓ When the project is approved you will be notified the Building Permit is ready. Prior to obtaining the building permit all charges (i.e. administrative, inspections fees) must be paid.
- Be advised additional fees may be applied, throughout the project, for failed or missed inspections.



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APPLICATION FOR BUILDING PERMIT / USE CERTIFICATE

Royd, Date Stamp Here

Please print legibly - failure to do so may result in a denial, delay or rejection of this application. Permit Application No. PROPERTY / SITE INFORMATION Site Address: Tax Map / Parcel No.: Complete Address / Street / Lot # Municipality: _ County: Land Use Permit No. ☐ Single-Family Dwelling / Duplex ☐ Multi Family ☐ New / ☐ Relocated Manufactured Home Use: Residential Modular Commercial Other Floodplain present: Yes Improvement Type: New Addition Alteration Repair/Replacement Relocation Other LAND / PROPERTY OWNER'S INFORMATION (Complete Section 5 for Contractor's Info) First Name Last Name Phone No: Cell No .: Street Address City State Zip Email: BUILDING / STRUCTURE OWNER'S INFORMATION [If Different From Above] First Name Phone No: Last Name Cell No .: Street Address City State Zip Email: **BUILDING PERMIT APPLICATION** Provide below description of Work: (Also provide details on plot plan: Show all improvements on lot & approx. distances to lot lines) Total Lot Area: _____ Acres/Sq. Ft. ESTIMATED COST OF CONSTRUCTION: \$____ ICC Use Group: ICC Construction Type: ESTIMATED START DATE: ____/___ ESTIMATED COMPLETION DATE: ___ / __ /

5. CONTRACTOR INFORMATION

Business Name:			Phone No:			-
Contractor Street Address			City		State	Zip
Person in Charge of Work:						
Email:			TATE CASE			
	Workman's Compensation Insurance: Provided On Record Exempt			nent Contr. Reg. #		
►► THIS SECTION MUST BE I	FULLY COMPLETED OR	THE APPLI				
I certify that I am the owner of record, or that I I authorized by the owner of record. I understand start of construction, and agree to conform to a or his representative shall have the authority to the Codes governing this project. I further certification	have been authorized by the d and assume responsibility Ill applicable local, state, ar enter the areas in which the	y for the estab nd federal law nis work is be	cord to submit this app dishment of official pro s governing the execut ng performed, at any re	perty lines for requir ion of this project. I easonable hour, to e	ed setbacks prior certify that the Cenforce the provi	r to the ode official sions of
Applicant Signature		Print Name (Ie	gibly):		Date	
Applicant Phone (Land Line and Cell)			Applicant Email			
Business Name (if applicable)		Em	ail			
☐ Business OR ☐ Applicant Complete Mailing	Address					
Business Phone Number (Land Line and Cell)			<u> </u>			<u> </u>
	<u>7.</u> PR	OJECT DET	AILS			
Trades: Building Electrical Work Heat Source (if applicable): Foundation Type: Crawlspace Details:	Foundation Slab			uppression/Fire Alar		
Pleas	SUBCONTRA e list subcontractors for major tr		THE RESIDENCE OF THE PARTY OF T	☐Additional sho	eet(s) attached	12.18
Contractor	Address		- Constitution	Phone No	Pa	HIC#
Contractor	Address			Phone No	Pa	HIC#
Contractor	Address			Phone No	Pa	HIC#
Contractor	Address			Phone No	Pa	HIC#

APPLICANT OR AUTHORIZED AGENT IS RESPONSIBLE FOR CONTACTING PMCA OFFICE FOR ALL REQUIRED INSPECTIONS.

▶ ► IF NOT APPLICABLE TO YOUR PROJECT PLEASE PUT N/A ON THE LINE/ SPACE ◀ ◀

Required Documents for Solar Photovoltaic Systems Permitting

Completed Building Permit Application and two (2) copies of the following documents:

- 1. Location, floor, and site plans. Site plan must show septic system location and all buried utilities.
- Detailed System Diagram of all the system components, highlighting system grounding and bonding.
- Basic Line Drawing that shows all the devices on the system including the solar module, DC disconnect, inverter, sub-panels, AC disconnect, main service meter, and wire sizes and connections. Specify manufacturer, model numbers, and ratings.
- 4. Show specific locations and labels used for compliance with NEC 690 and UL 969.
- 5. PV Module Label and Listing Specs.
- Inverter Label and Listing Specs.
- 7. Rack Label and Listing Specs.
- 8. Rack Mounting Details and Calcs (Ground Mounted Systems).
- 9. Battery Storage Location and Venting (if applicable).

Worksheet Information

Any proposed supply-side connection will not be approved if it is considered a violation of the UL listing of the equipment. Provide complete information of method of supply-side connection, if proposed.

Point of C	onnection EXAMPLE	A CHINA NO CONTROL NOT THE CAT WAS CONTROL
1	Service Panel Rating in Amperes	(125A)
2	Service Busbar Rating in Amperes	(125A)
3	. 120% of Busbar Rating	(125A x 1.2 = 150A)
4	Main Panel Breaker Rating	(100A)
5	Maximum Allowed PV Breaker	(150A - 100A = 50A
6	Backfed PV Breaker in Amperes	(25A, 25A < 50A)

Roof Design

Approximate Age of Roof				
2. Roofing Type: Comp	Shingle	Tile	Shake	☐ Meta
3. Rafter Size: X	_ Inches			
4. Rafter Spacing: 16" o.d	c. 24" o.c.	Other		
5. Rafter Span:	_Array Weight:		lbs.	
Truss/Rafters that are over-s professional may be required		ray is over 5	lbs psf, design by a	licensed

Rev. 1-29-22 Page 1 of 2

PV System Components

Per Module Manufacturer & Model

	1.	Photovoltaic Panel			
	2.	Rated Power (PMax)			
	3.	Open Circuit Voltage (Voc)			
	4.	Short Circuit (Isc)			
	5.	Maximum Voltage (Vpmax)		VDC	
	6.	Maximum Current (Ipmax)		Amps	DC
	7.	Inverter Model			
Module	Co	onfiguration			
	1.	No. of Modules in Series			
	2.	No. of Strings in Parallel			
	3.	Total Rated Power of System (@STC)			
	4.	DC Grounding Electrode Conductor	AWG	NEC Sec 690.47	(c) (2)
	5.	AC Grounding Electrode Conductor	AWG	NEC Sec 690.47	(c) (2)
	6.	Attach PV module, inverter and mounting syst	tem cut sheets.	10	
Checkl	ist t	for PV System Plan Check			
<u> </u>		Yes No - Is a basic site diagram provided	showing location	n of structure and equipm	nent?
		Yes No - Is the array configuration shown			
		Yes No - Is the array wiring identified?			
		Yes No - Is the combiner/junction box ider	ntified?		
		Yes No - Is the AC / DC disconnect box id			
		Yes No - Is the equipment grounding spec			
		Yes No - Is the conduit size from the array		ource identified?	
		Yes No - Are cut sheets provided for the F			
	_	Yes No - Are cut sheets provided for the n		are?	
		Yes No - Are cut sheets provided for the I	nverter?		
		Yes No - Is the system user's manual ava	ilable to propert	y owner?	
		Yes No - Does the roof appear to be in go			
	Sigr	nage is required for Solar PV Systems. Permaninted material shall be resistant to fading per UL	ently affixed labe	Particular and the second seco	ground with whi

DIRECTIONS TO THE SITE LOCATION

CONTROL CONTRO		Phone:	
e Street Address:			1100
ections:			
odions.			
			100
se this space if needed to further cla	rify the site location:	:	

Please Note: Inspectors cannot inspect what they cannot find, Be certain the directions are clear. Use Road or Street names, distances between turn offs, and the direction of that travel (North South East or West). Landmarks are very helpful.

► Workers' Compensation Insurance Coverage Information <

A. The applicant is	
A contractor within the meaning of the Pennsy	Ivania Workers' Compensation Law
☐ Yes	☐ No
If the answer is "Yes," complete Sections B ar	nd C below as appropriate.
B. Insurance Information	
Name of Applicant:	
Federal or State Employer Identification No	
Applicant is a qualified self-insurer for workers Certificate attached	compensation.
Name of Workers' Compensation Insurer:	
Workers' Compensation Insurance Policy No. Certificate attached	
Policy Expiration Date:	
following reasons, as indicated: Contractor with no empindividual to perform work provides proof of insurance.	oloyees. Contractor prohibited by law from employing any a pursuant to this building permit unless contractor ce to the township. Is to do all work without contracting or hiring others to assist.
Religious exemption u	inder the Workers' Compensation Law.
Signature of Applicant:	Print Name:
Address:	Date:
Commonwealth of Pennsylvania, County of	
On this the dough 00	
On this, the day of, 20	before me, (Notary)
	, known to me (or satisfactorily proven)
	Signatory) nstrument, and acknowledged that he/she executed the same
In Witness whereof, I hereunto set my hand and official	seal.
	Notary Public



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Email: pmca@pacodealliance.com Website: https://pacodealliance.com/

When applying for a Building Permit you need the following:

- Fill out the appropriate application answering all questions applicable to your job. Application must be legible and signed. (2 copies)
 - o If a portion of the application is not applicable to your project put a N/A on the line.
- A copy of the signed Land Use Permit from the Municipality (Borough or Township) (2 copies)
- A Site Plan showing the location of the existing improvements/structures on your property and approx. distances to all property lines, well, septic system, driveway, etc. Also show the location of the proposed construction. (2 copies)
- Drawings showing details of the construction you want to do. (2 copies)
- Copy of Contractors Certificate of Insurance for Workers Compensation OR if doing the work yourself submit Workers Compensation Insurance Coverage Waiver [refer to the attached document].

After Building Permit Application is submitted:

- After submitting <u>all</u> required documents your application and drawings will be reviewed.
- PMCA will contact you with an approval or denial.
- If approved, your permit will be issued. The inspection & administrative fees are due when you pick
 up the permit. You will also obtain a copy of your original application and stamped set of plans.

After Building Permit is issued:

- The Building Permit placard and Municipal Placard are to be visible on site at all times during theconstruction process.
- To schedule an inspection call the office where your permit application was submitted or visit our website to schedule online. Be prepared to have your Permit Number, address and type of inspection you are requesting.
 - If you request an inspection BEFORE 3 pm, every effort is made to schedule the inspection for the next business day.
- The copy of your application and approved plans are to remain on site when the building inspectors
 come for inspections. Be advised: we <u>cannot</u> inspect if these are not on site and you may incur
 additional costs due to extra trip(s) by the inspector.

✓ Checklist for the Site Plan to be provided with the Permit Application

- Site plans are essential and must be clearly legible and reproducible regardless of the reason for requesting the permit.
- 2. Use an 8 1/2" X 11" sheet of paper at minimum.
- After locating all the structures on your property show distances in feet to the lot lines and between the structures.

Provide dimensions of the property getting the proposed improvement

- Drawing of approx. property layout (Can use hand drawing, photocopy of survey, etc.)
- Acreage (Refer to deed or survey drawing)
- Approx. boundary dimensions (Can be from the deed, field measurement, or a survey drawing)
- Parcel Number (Not mandatory obtained from deed or property tax notice)

Existing Buildings / Structures with Corresponding Dimensions

- o Houses
- o Sheds
- o Barns
- o Swimming Pools

- o Deck / Patios
- o Other buildings or structures on the property
- Location of on lot well and septic IF applicable

Proposed Improvement(s)

- o Proposed Structure Dimensions (House, Shed, Barn, Addition, Deck, etc.)
- o Location of Proposed Driveway and Sidewalk

