



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](mailto:info@franklintwp.us) Website: [franklintwp.us](http://franklintwp.us)  
**PMCA:** Phone 717-496-4996  
Email: [pmca@pacodealliance.com](mailto: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.

**▶▶ Checklist to assist in the Zoning-Land Use Permit Application process ◀◀**

- Completed application** – signed and legible [Obtain at the Twp. Office OR the Franklin Twp. Website under "Forms & Documents"]  
Please fill out the Application – if the question does not apply to you put "N/A" in the field

**Detailed project description**

*Be specific, provide the size (length, width, height) describe the intended use of the structure.*

**Plot plan/site sketch required** (can be hand drawn and not to scale)

- ✓ Property boundaries comprising the lot/parcel shape
- ✓ Distances from property lines to proposed structures
- ✓ Septic Tank & Drain Field OR Public Sewer Lateral
- ✓ Stormwater retention & infiltration facilities (if applicable)
- ✓ Easements and right of ways, including utility, stormwater, conservation, open space and agricultural preservation, etc.
- ✓ Existing and proposed structures
- ✓ Driveway (proposed or existing)
- ✓ Public & Private Roads w/R/W width
- ✓ Swales, Drainageways, streams, ponds & wetlands
- ✓ Flood Plain (if applicable)
- ✓ Well or Public Water Line

**Correct Application Fee**

*Franklin Township has a two-tiered fee structure for Zoning-Land Use Permits. There is an initial fee for review of the application and a square footage fee assessed during the review and communicated to the applicant, payable prior to permit issuance. [Obtain Fee Schedule at the Twp. Office OR the Franklin Twp. Website under "Forms & Documents"]*

**▶▶ THE FOLLOWING MAY BE REQUIRED, IF BUILDING A NEW STRUCTURE OR ADDING TO AN EXISTING STRUCTURE ◀◀**

- Stormwater** Design Worksheets - Anytime there is an increase in impervious Coverage  
[Obtain the Stormwater Management Worksheets from the Twp. or Twp. Website under "Forms & Documents"]  
*Stormwater plan submissions will be reviewed by the Township Engineer (KPI Technology, 143 Carlisle Street, Gettysburg, PA 17325 Phone: 717 339-0612. \$750.00 stormwater review Fee shall be posted to escrow at the Township.*
- Erosion and Sediment Control plan**  
Required for 5,000 sq. ft or more disturbed area [Contact the Adams County Conservation District for assistance and Earth Disturbance Flowchart, or Twp. Website under "Forms & Documents"] 1 Acre or greater disturbed area requires an approved DEP issued NPDES Permit (National Pollutant Discharge Elimination System)
- Septic** On-Lot Septic Permit from the Township Sewage Enforcement Officer (SEO)  
*Gil Picarelli, Franklin Twp. SEO Phone: 717 339-0612*  
*Address: KPI Technology, 143 Carlisle Street, Gettysburg, PA 17325*  
Public Sewer – Provide a copy of paid sewer tap permit from the Public Sewer Service
- Well** On-Lot Well Permit Application needs to be Provided for review and approval. "Well Permit Application"  
[Obtain at the Twp. office OR the Franklin Twp. Website under "Forms & Documents"]  
Public Water – Provide a copy of paid water tap permit from the Public Water Service Provider
- Driveway** Driveway on Township Road / Road Encroachment Permit – "Minimum Use Driveway Permit Application"  
[Obtain at the Twp. office OR the Franklin Twp. Website under "Forms & Documents"]  
State Road Highway Occupancy Permit - Contact Penn DOT 717 549-3018
- Contractor Workman's Compensation** Insurance certificate or exemption form  
[Obtain Exemption Form at the Twp. office OR the Franklin Twp. Website under "Forms & 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/PropertyImprovementCertification.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 signed by the applicant.

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-of-ways, 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 for such changes.

1. **Location of Property:** \_\_\_\_\_

2. **Parcel/Tax I.D.#:** \_\_\_\_\_ **Area of Lot/Parcel (sq.ft or acres):** \_\_\_\_\_

3. **Applicant Information:**

First Name: \_\_\_\_\_ Last Name or Business Name: \_\_\_\_\_

Street Address (complete) \_\_\_\_\_

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

4. **Owner Information:**

First Name: \_\_\_\_\_ Last Name or Business Name: \_\_\_\_\_

Street Address (complete) \_\_\_\_\_

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

5. **Property Information (if different from above):**

First Name: \_\_\_\_\_ Last Name or Business Name: \_\_\_\_\_

Street Address (complete) \_\_\_\_\_

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

6. Parking Spaces (off street): Present: \_\_\_\_\_ Proposed: \_\_\_\_\_ Height of Proposed Building: \_\_\_\_\_

7. Present Use: \_\_\_\_\_ Proposed Use: \_\_\_\_\_

8. Describe Project (Check all that apply):  Residential  Commercial

Erect a New Structure(s)  Pool  Change of Occupancy

Replace a Structure(s)  Home Occupation  Demolition

Add to a Structure(s)  Change of Land Use  Fence / Wall

Erect / Replace a Sign (See Sign Permit Zoning Application & attach with this application)

Other (Please Specify): \_\_\_\_\_

9. Cost of Proposed Project: \_\_\_\_\_  Estimated or  Actual

10. Describe Proposed Project/Use in more detail: \_\_\_\_\_

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

11. Is existing septic system in good condition:  YES  NO  NOT APPLICABLE
12. Has a Permit for an on lot septic system been obtained:  YES  NO  NOT APPLICABLE
- If yes, date Permit issued: \_\_\_\_\_ and Permit #: \_\_\_\_\_ **NOTE:** If septic system does not exist nor septic permit has not been issued, no zoning permit will be issued until proof of compliance with DEP regulation for on lot septic disposal is submitted.
13. Road encroachment permit:  Municipal  State  
 Private, Permit issued:  Yes  No  Not Applicable
14. If applicable, Stake corners of new structure location on lot. This should be completed at the time application is submitted for approval. Failure to do this will delay issuing of zoning permit.

I verify that the foregoing statements are true to the best of my information and belief. I understand that false statements herein are subject to the penalties of 18 PA C.S.A. relating to unsworn falsifications to authorities. I also understand that it is the applicant's responsibility to obtain a Building Permit prior to starting construction as per Act 45. 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 certify that the Code official or his 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 Name – please print

\_\_\_\_\_  
 Signature of Applicant

\_\_\_\_\_  
 Date

► Payment is set by Municipality [Resolution 2026-02] at \$50 per Zoning Permit Application  
 Payment must be received prior to official review – thank you ◀

***Everything Below is for Township Official Use ONLY***

Checklist of preliminary requirements for obtaining a building permit, approvals to be obtained prior to applying for a building permit. All items must be addressed. Mark N/A for those that are not applicable. Attach extra sheets if necessary to identify special requirements or conditions.

- |   |  |
|---|--|
| <input type="checkbox"/> Sewage facilities planning module, DEP Planning Code # _____,  | Date of approval _____                   |
| <input type="checkbox"/> Sub-division & Land Development, Municipal resolution # _____,   | Date of approval _____                   |
| <input type="checkbox"/> Sewage permit from Sewage Enforcement Officer, Permit # _____,   | Date of approval _____                   |
| <input type="checkbox"/> Storm water management module. Approved by: _____,   | Date of approval _____                   |
| <input type="checkbox"/> Conservation District notification per Chapter 102.  | Date of approval _____                   |
| <input type="checkbox"/> NPDES Permit # _____ for earth disturbances 1 acre or more,  | Date of approval _____                   |
| <input type="checkbox"/> Driveway Permit, Penn DOT # _____ or Local # _____   | Date of approval _____                   |
| <input type="checkbox"/> Public water tap, Permit # _____   | Date of approval _____                   |
| <input type="checkbox"/> Public sewer tap, Permit # _____   | Date of approval _____                   |
| <input type="checkbox"/> Historical Architectural Review Board, <input type="checkbox"/> Check here for Special conditions.             | Date of approval _____                   |
| <input type="checkbox"/> Zoning, Permit # _____ <input type="checkbox"/> Check here for Special conditions                              | Date of approval _____                   |
| <input type="checkbox"/> Other; sluice pipe, road alteration, etc. <input type="checkbox"/> Check here for Special conditions.          | Date of approval _____                   |
| <input type="checkbox"/> Floodplain mapping _____ <input type="checkbox"/> Project may contain flood plain.                             | Date of review _____                     |
| <input type="checkbox"/> Municipal setback clearances, <input type="checkbox"/> Check here for Special conditions.                      | Date of approval _____                   |
| <input type="checkbox"/> Aviation Flight Path or Airport Impact Possible <input type="checkbox"/> Check here for FAA or Pa DOT approval | Date of approval _____                   |
| <input type="checkbox"/> Extra Pages attached to describe special conditions or circumstance.   | How many extra pages are attached? _____ |

**TO BE FILLED IN BY ZONING OFFICER/ADMINISTRATOR:**

The following shall be the minimum requirements for the proposed project(s) as set forth in the Franklin Township Zoning Ordinance.

1. Plot Plan Submitted?  YES  NO  NOT REQUIRED

2. Zoning District of Property: \_\_\_\_\_

Required Building Setback: Front: \_\_\_\_\_ Rear: \_\_\_\_\_ Side: \_\_\_\_\_

Proposed Structure Setback: Front: \_\_\_\_\_ Rear: \_\_\_\_\_ Side: \_\_\_\_\_

Second Structure Setback: Front: \_\_\_\_\_ Rear: \_\_\_\_\_ Side: \_\_\_\_\_

Does proposed project conform with Building Setback requirements?:  Yes  No  Not Applicable

Remarks: \_\_\_\_\_  
\_\_\_\_\_

3. Minimum Loading Space: \_\_\_\_\_ Loading Space Provided: \_\_\_\_\_

4. Maximum Sign Area: \_\_\_\_\_ Proposed Sign Area: \_\_\_\_\_

5. Maximum Lot Coverage: \_\_\_\_\_ Proposed Lot Coverage: \_\_\_\_\_

6. Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Fee: \$ \_\_\_\_\_ Date Paid: \_\_\_\_\_ (  Check #: \_\_\_\_\_  Cash)

**CERTIFICATION**

1. The proposal  DOES  DOES NOT comply with the Franklin Township Zoning Ordinance.

2. The proposal  DOES  DOES NOT require any new water and sewer connection, tapping fees or connection fees and complies with local regulation for water and sewer.

3. A Uniform Construction Code Building Permit is required  YES  NO

Remark: \_\_\_\_\_

4. A variance is required  YES  NO

5. A Special Exception is required  YES  NO A Conditional Use is required  YES  NO

6. A permit for the above described project/use was  GRANTED  DENIED  EXEMPT

on this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

7. This permit expires on the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

8. If applicable, the following conditions were placed on a special exception permit by the Zoning Hearing Board:

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

9. Signature of Zoning Officer: \_\_\_\_\_ Date: \_\_\_\_\_



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.



**Chambersburg Office:** 1013 Wayne Ave., Chambersburg, PA 17201 **Phone:** 717-496-4596  
**Bedford Office:** 121 S. Richard Street, Suite 102, Bedford, PA 15522 **Phone:** 814-316-2121  
**Somerset Office:** 510 Deagan Place, Somerset, PA 15501 **Phone:** 812-433-6100  
**Adams Office:** 12055 York Road, Gettysburg, PA 17325 **Phone:** 717-321-5127  
**Email:** pmca@proposed.usps.gov **Website:** https://proposed.usps.gov

**APPLICATION FOR BUILDING PERMIT / USE CERTIFICATE**

Please print legibly – failure to do so may result in a denial, delay or rejection of this application.

Permit Application No. \_\_\_\_\_

**1. PROPERTY / SITE INFORMATION**

Site Address: \_\_\_\_\_ Tax Map / Parcel No.: \_\_\_\_\_  
 Complete Address / Street / Lot #

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

Municipality: \_\_\_\_\_ County: \_\_\_\_\_ Land Use Permit No. \_\_\_\_\_

**Use:**  Residential  Single-Family Dwelling / Duplex  Multi Family  New /  Relocated Manufactured Home  Modular  
 Commercial  Other \_\_\_\_\_ Floodplain present:  Yes  No

**Improvement Type:**  New  Addition  Alteration  Repair/Replacement  Relocation  Other \_\_\_\_\_

**2. LAND / PROPERTY OWNER'S INFORMATION (Complete Section 5 for Contractor's Info)**

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

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

**3. BUILDING / STRUCTURE OWNER'S INFORMATION [If Different From Above]**

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

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

**4. 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: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Email: \_\_\_\_\_ Cell No.: \_\_\_\_\_

Workman's Compensation Insurance:  Provided  On Record  Exempt PA Home Improvement Contr. Reg. # \_\_\_\_\_

**▶▶ THIS SECTION MUST BE FULLY COMPLETED OR THE APPLICATION MAY BE REJECTED AS INCOMPLETE ◀◀**

**6. CERTIFICATION**

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. 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 local, state, and federal laws governing the execution of this project. I certify that the Code official or his 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. I further certify that this information is true & correct to the best of my knowledge and belief. Ref. 18 Pa. Cons. Stat. §4903.

Applicant Signature \_\_\_\_\_ Print Name (*legibly*): \_\_\_\_\_ Date \_\_\_\_\_

Applicant Phone (Land Line and Cell) \_\_\_\_\_ Applicant Email \_\_\_\_\_

Business Name (if applicable) \_\_\_\_\_ Email \_\_\_\_\_

Business **OR**  Applicant Complete Mailing Address

Business Phone Number (Land Line and Cell) \_\_\_\_\_

**7. PROJECT DETAILS**

**Trades:**  Building  Electrical Work  Plumbing Work  Mechanical Work (HVAC)  Fire Suppression/Fire Alarm System

Heat Source (if applicable): \_\_\_\_\_ Fuel Type: \_\_\_\_\_

**Foundation Type:**  Crawlspace  Foundation  Slab at Grade  Piers  Other: \_\_\_\_\_

**Details:** \_\_\_\_\_

**SUBCONTRACTOR INFORMATION**

*Please list subcontractors for major trades. Use additional sheet(s) if needed.*

Additional sheet(s) attached

Contractor \_\_\_\_\_ Address \_\_\_\_\_ 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.
2. Detailed System Diagram of all the system components, highlighting system grounding and bonding.
3. 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.
6. 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 Connection EXAMPLE**

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**

1. Approximate Age of Roof \_\_\_\_\_
2. Roofing Type:  Comp       Shingle       Tile       Shake       Metal
3. Rafter Size: \_\_\_\_\_ X \_\_\_\_\_ inches
4. Rafter Spacing:  16" o.c.     24" o.c.     Other \_\_\_\_\_
5. Rafter Span: \_\_\_\_\_ Array Weight: \_\_\_\_\_ lbs.

Truss/Rafters that are over-spanned or if the array is over 5 lbs psf, design by a licensed professional may be required.

## **PV System Components**

### **Per Module Manufacturer & Model**

1. Photovoltaic Panel \_\_\_\_\_
2. Rated Power (PMax) \_\_\_\_\_ Watts
3. Open Circuit Voltage (Voc) \_\_\_\_\_ VDC
4. Short Circuit (Isc) \_\_\_\_\_ Amps DC
5. Maximum Voltage (Vpmax) \_\_\_\_\_ VDC
6. Maximum Current (Ipmax) \_\_\_\_\_ Amps DC
7. Inverter Model \_\_\_\_\_

### **Module Configuration**

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 system cut sheets.

### **Checklist for PV System Plan Check**

- Yes  No - Is a basic site diagram provided showing location of structure and equipment?
- Yes  No - Is the array configuration shown?
- Yes  No - Is the array wiring identified?
- Yes  No - Is the combiner/junction box identified?
- Yes  No - Is the AC / DC disconnect box identified?
- Yes  No - Is the equipment grounding specified?
- Yes  No - Is the conduit size from the array to the power source identified?
- Yes  No - Are cut sheets provided for the PV modules?
- Yes  No - Are cut sheets provided for the mounting hardware?
- Yes  No - Are cut sheets provided for the Inverter?
- Yes  No - Is the system user's manual available to property owner?
- Yes  No - Does the roof appear to be in good condition?

Special Signage is required for Solar PV Systems. Permanently affixed labels shall have a red background with white lettering. Printed material shall be resistant to fading per UL 969, and NEC Article 690

## DIRECTIONS TO THE SITE LOCATION

Please give directions to the work site from a known landmark and/or intersection. Use a directional drawing also in the space provided below if that would assist.

Applicant: \_\_\_\_\_ Phone: \_\_\_\_\_

Site Street Address: \_\_\_\_\_

Directions: \_\_\_\_\_

---

---

---

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**Use this space if needed to further clarify 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 Pennsylvania Workers' Compensation Law

Yes  No

If the answer is "Yes," complete Sections B and C below as appropriate.

**B. Insurance Information**

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

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

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

Certificate attached

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

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

Certificate attached

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

**C. Exemption – MUST BE NOTORIZED**

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's 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 contractor provides proof of insurance to the township.**

**Homeowner** who elects to do all work without contracting or hiring others to assist.

**Religious exemption** under the Workers' Compensation Law.

Signature of Applicant: \_\_\_\_\_ Print Name: \_\_\_\_\_

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

Commonwealth of Pennsylvania, County of \_\_\_\_\_

On this, the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ before me \_\_\_\_\_,

(Notary)

the undersigned personally appeared \_\_\_\_\_, known to me (or satisfactorily proven)

(Signatory)

to be the person whose name subscribed to the within instrument, and acknowledged that he/she executed the same for the purpose herein contained.

In Witness whereof, I hereunto set my hand and official seal.

\_\_\_\_\_  
Notary Public



### 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)
  - 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].

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### After Building Permit Application is submitted:

- After submitting all 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.

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### After Building Permit is issued:

- The Building Permit placard and Municipal Placard are to be visible on site at all times during the construction 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 cannot 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

1. **Site plans are essential and must be clearly legible and reproducible regardless of the reason for requesting the permit.**
2. Use an 8 ½" X 11" sheet of paper at minimum.
3. 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

- |                  |  |
|------------------|--|
| ○ Houses         | ○ Deck / Patios                                    |
| ○ Sheds          | ○ Other buildings or structures on the property    |
| ○ Barns          | ○ Location of on lot well and septic IF applicable |
| ○ Swimming Pools |  |

### Proposed Improvement(s)

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

### SAMPLE SITE PLAN ►

