



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.

▶▶ 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):
- | | | |
|---|---|--|
| <input type="checkbox"/> Residential | <input type="checkbox"/> Commercial | |
| <input type="checkbox"/> Erect a New Structure(s) | <input type="checkbox"/> Pool | <input type="checkbox"/> Change of Occupancy |
| <input type="checkbox"/> Replace a Structure(s) | <input type="checkbox"/> Home Occupation | <input type="checkbox"/> Demolition |
| <input type="checkbox"/> Add to a Structure(s) | <input type="checkbox"/> Change of Land Use | <input type="checkbox"/> Fence / Wall |
| <input type="checkbox"/> Erect / Replace a Sign (See Sign Permit Zoning Application & attach with this application) | | |
| <input type="checkbox"/> 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: sluce 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? _____ |

For official Use Only

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: _____

✓ 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)

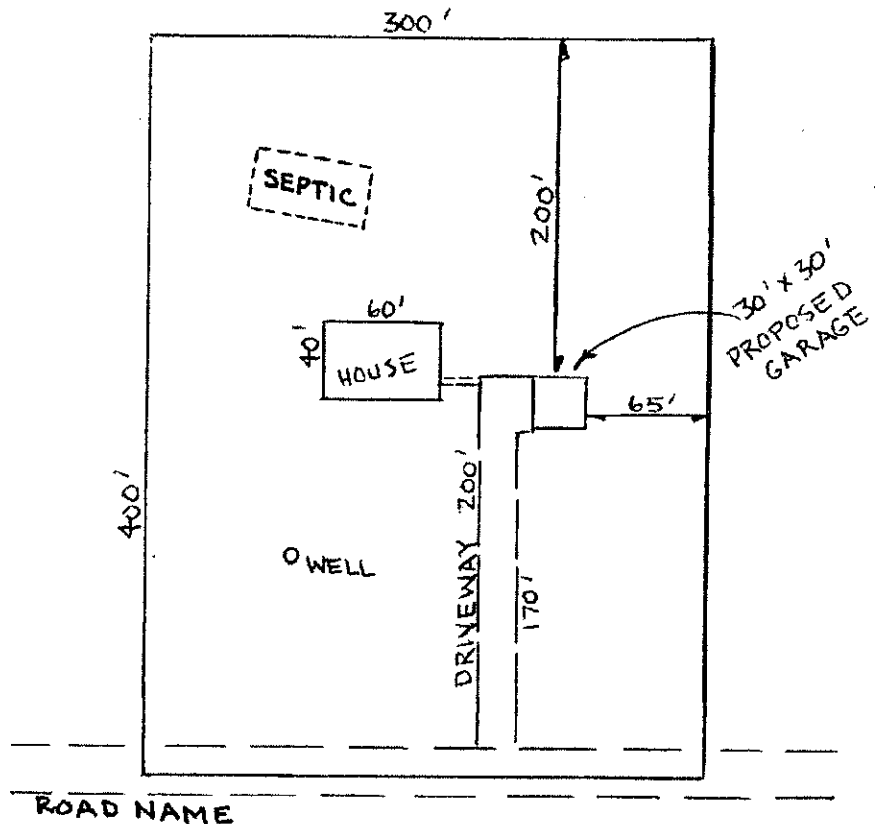
Existing Buildings / Structures with Corresponding Dimensions

- | | |
|------------------|--|
| ○ 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 ►





Franklin Township, Adams County

Stormwater Submission Guidance

Franklin Township adopted the current Stormwater Management Regulations on July 5, 2012.

All lot coverage requires stormwater management review. Lot coverage includes the addition of structures, ground covering materials, gravel driveways and parking areas,

Each property is allowed exemption for only the first 1000 sq. ft. of coverage added to the property after July 5, 2012.

All stormwater submissions that are not eligible for the exemption noted above must prepare a Minor Stormwater Management Site Plan or a Formal Stormwater Management Plan.

If your proposed construction or lot coverage is the first coverage being added to the lot since July 5, 2012, and does not exceed 1000 sq. ft., please complete the Franklin Township Simplified Design Approach, **Worksheet A** and submit it to the Township with a sketch plan as required.

If construction or lot coverage in excess of 1000 sq. ft. has occurred since July 5, 2012, or is being proposed, use **Worksheet B**.

The Adams County Design Assistance Manual can be accessed at this website link <http://www.adamscounty.us/Dept/Planning/Documents/CountyPlans/ACSWMPAppendixC1-SimplifiedApproach-Worksheets.pdf> for more information.

If you need additional assistance, please consult a licensed design professional, such as a Civil Engineer, Surveyor or qualified Landscape Architect.

All projects requiring a Minor Stormwater Management Plan, or a Formal Stormwater Management Plan will receive review by the Township's engineer, KPI Technology. A \$750.00 escrow deposit is required to cover the stormwater review fees. Escrow not used will be refunded. Fees in excess of the escrow amount are reimbursable to Franklin Township.

Attachments: Franklin Township Simplified Design Approach Worksheet A and Worksheet B

Franklin Township Simplified Design Approach Worksheet A

Property Owner's Name _____

Property Owner's Address _____

Phone Number _____

Email _____

Address of Property _____

Tax Map Parcel ID # _____

Parcel Size (approx) _____

A Sketch Plan must be included and show the following:

Total existing impervious area on the property _____

New impervious area proposed _____

Total impervious area on the property after project completion _____

Are there any known existing drainage problems or the potential for the proposed project to create drainage problems? (if yes, please explain)

Acknowledgement – I declare that I am the property owner, or representative of the owner, and that the information provided is accurate to the best of my knowledge. I understand that stormwater may not adversely affect adjacent properties or be directed onto another property without written permission. I also understand that false information may result in a stop work order or revocation of permits. Municipal representatives are also granted access to the property for review and / or inspection of this project if necessary.

Applicant Signature _____ Date _____

Notary: _____ Date: _____

My Commission expires _____

To be completed by authorized municipal official

Type of Stormwater Management Required:*

- Exempt from stormwater management plan preparation (Worksheet A and Sketch Plan) _____
- Minor stormwater management site plan preparation (Complete Worksheet B to determine necessary BMP's) _____
- Formal stormwater management plan preparation (Consult a professional) _____

Determined by: _____ Date: _____

* Based on information provided on this Worksheet and a Sketch Plan received on _____

Franklin Township Simplified Design Approach Worksheet B

Step 1: Determine the amount of impervious area created by the proposed projects. This includes any new surface area that inhibits the infiltration of stormwater into the ground. New stone and gravel areas are considered impervious. Existing impervious areas are not included in this calculation.

Table # 1				
Surface	Length	x	Width =	Total Impervious Area (SF)
Buildings				
Buildings				
Driveways				
Parking Areas				
Patios/Walkways				
Decks				
Other				
			Total Proposed Impervious Area =	

Step 2: Determine the Disconnect Impervious Area (DIA). All or parts of proposed impervious surfaces may qualify as Disconnected Impervious Area if runoff is directed to a pervious area that allows for infiltration, filtration and increased time of concentration. The volume of stormwater that needs to be managed could be reduced through DIA. Prepare a Minor Stormwater Management Site Plan to determine DIA.

Determining Status of DIA

- a) Determine contributing area of the roof/driveway to each disconnected discharge. If it's 500 ft² or less (for a roof) or 1,000 ft² or less (for a driveway), continue to "b". If it's greater than these amounts, the area does not qualify as a DIA.
- b) Determine the length of down slope pervious flow path available for each disconnected discharge.
- c) Determine the % slope of the pervious flow path, % slope = (rise/ run) x 100. Must be 5% or less.
- d) See the table on the next page to determine the percentage of the area that can be treated as disconnected. If the available length of the flow path is equal to or greater than 75 ft, the discharge qualifies as entirely disconnected.

Partial Disconnections		
Length of Pervious Flow Path* (ft) Lots 10,000 ft ² and Under	Length of Pervious Flow Path* (ft) Lots >10,000 ft ²	DIA Credit Factor
0 - 7.9	0 - 14	1.0
8 - 15.9	15 - 29	0.8
16 - 22.9	30 - 44	0.6
23 - 29.9	45 - 59	0.4
30 - 34.9	60 - 74	0.2
35 or more	75 or more	0

*Pervious flow path must be at least 15 feet from any impervious surface and cannot include impervious surfaces.

Using step 2 calculations calculated from the minor stormwater site plan, complete the table below. This will determine the impervious area that may be excluded from the area that needs to be managed through stormwater management BMP's. If total impervious area to be managed is zero, the area can be considered entirely disconnected and further calculations are not needed.

Table # 2				
Surface	Area (SF)	x	DIA Credit =	Impervious Area to be Managed (SF)
Buildings				
Buildings				
Buildings				
Buildings				
Buildings				
Driveways				
Driveways				
Parking Areas				

*If total impervious surface area to be managed is greater than zero, continue to Step 3.

Step 3: Calculate the volume of stormwater runoff created by proposed impervious surfaces.

$$\begin{array}{rclcl}
 \text{Impervious Area (SF) to be} & \times & 3.12\text{in}/12\text{in} = 0.26 & = & \text{Volume of Stormwater} \\
 \text{Managed (Sum from Table 2)} & & \text{(from 24hr rainfall)} & & \text{to be Managed (CF)} \\
 & & & & \\
 & \times & 0.26 & = &
 \end{array}$$

Step 4: Select BMP's and size according to the volume of stormwater that needs to be managed in Step 3.

BMP Type	Necessary Volume** (from Step 3 above)	Length	Width	Depth	Void Ratio	Volume ***
Infiltration Bed or Trench					0.4	
Infiltration Berm					1	
Rain Garden					0.4 in stone 1.0 above ground	
Rain Barrel or other usable storage		Use known volume of rain barrel, etc. 1 cubic foot is equal to 7.48 gallons.			1	
Other						

* Chart should only be used when a formal SWM Site Plan is not required.
 ** Should not include areas that were proven to be 100% disconnected

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



Chambersburg Office: 1013 Wayne Ave. Chambersburg, PA 17201 **Phone:** 717-496-8100
Bedford Office: 125 S. Richard Street, Suite 102, Bedford, PA 15522 **Phone:** 610-512-1507
Somerset Office: 510 Georgian Place, Somerset, PA 15501 **Phone:** 814-444-7100
Adams Office: 1895B York Road, Gettysburg, PA 17325 **Phone:** 717-338-1100
Email: pmca@pacodealliance.com **Website:** <https://pacodealliance.com>

Requirement checklist to obtain a building permit for a:

RESIDENTIAL ADDITION, RENOVATION OR ACCESSORY STRUCTURE

- 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]
 - Building Plans (floor plan, elevation, footer, foundation, framing, etc.) [2 SETS]
 - Deck plan if applicable (Required when attached to existing structure and/or over 30" high at any point around the perimeter, measured from ground to top of finished floor, additional permitting and inspections are required.) [2 SETS]
 - 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.

If more detailed guidance on wood frame construction would be helpful refer to:
DETAILS FOR CONVENTIONAL WOODFRAME CONSTRUCTION

from the American Forest and Paper Assoc. 2001 (55 pages)

Please ask our staff or visit our website if additional information is needed.



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/

APPLICATION FOR BUILDING PERMIT / USE CERTIFICATE

PA Form 2000-001 (Rev. 12/10)

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 # _____

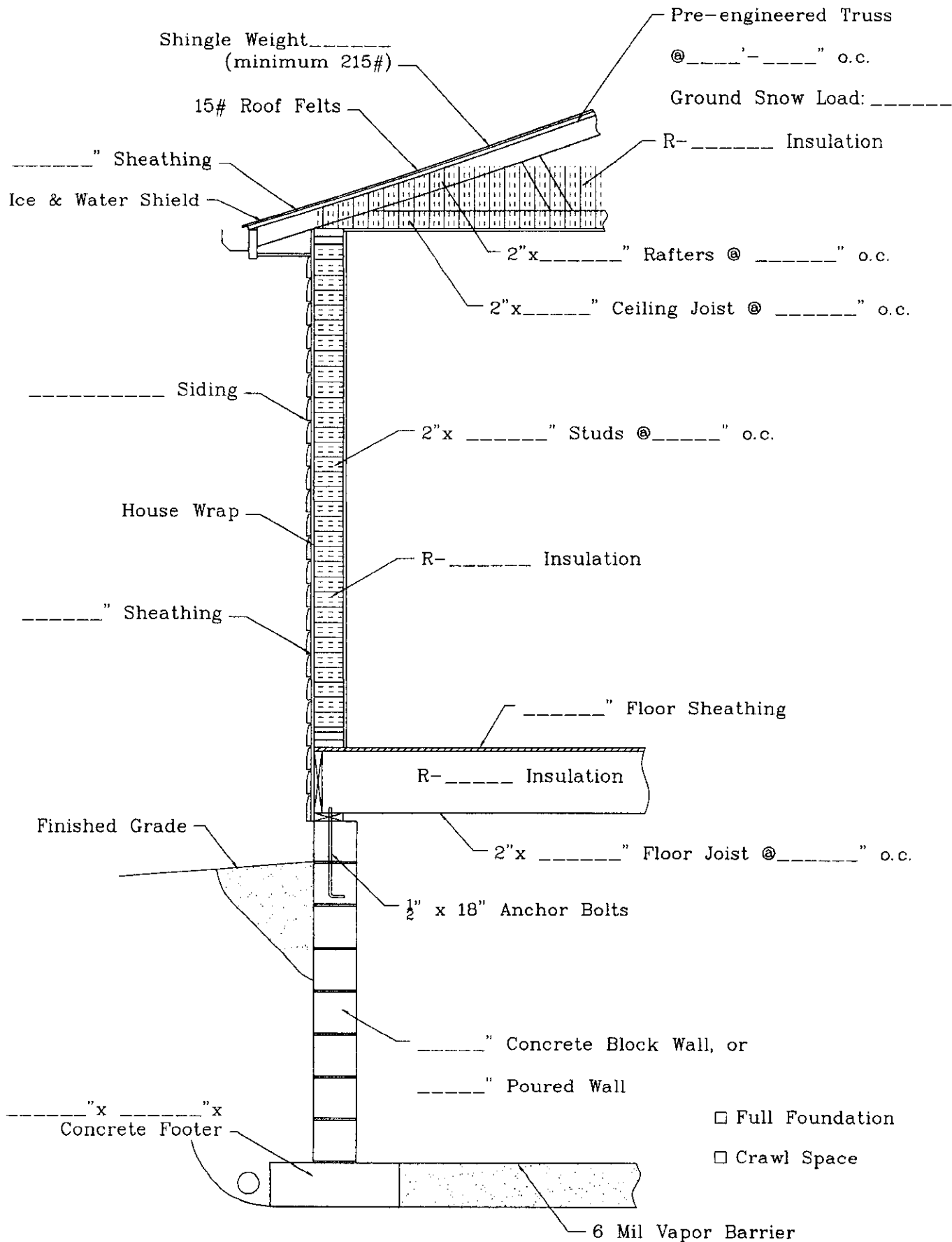
Contractor _____ Address _____ Phone No _____ Pa HIC # _____

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 ◀◀



- Full Foundation
- Crawl Space

TYPICAL WALL SECTION

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: _____

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



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/>

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].

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.

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.