

BUILDING PERMIT

MONAGHAN TOWNSHIP BUILDING PERMIT APPLICATION AND PERMIT

202 South York Road, Dillsburg, PA 17019

Building Permit # _____	Zoning Permit # _____	*OFFICE USE ONLY*
C/O # _____	Demolition Permit # _____	State Training Fee \$ 2.00

Application is hereby made for a building permit in accordance with the requirements of the building Ordinances and amendments. Please complete the following sections that apply to your project.

Date of Application _____

Expiration Date _____

A. APPLICATION INFORMATION

Property Owner _____ Address _____

Phone (H) _____ (W) _____

Applicant _____ Phone _____

Development Name _____ Phase _____ Lot No. _____

LIV. SPACE _____ ATT. GAR _____ UNFIN. BASEMENT _____ ACCESS. _____

Zoning District _____ Tax Map & Parcel # _____ Total Sq.Ft. _____

Construction Location _____ **Of Projects Including All Areas**
Use Group Class. _____

Contractor _____ Address _____

Phone # _____ Worker's comp. Certificate No. _____

B. LOT INFORMATION

Width _____ Length _____ Total Area in Square Feet _____

C. LOT SETBACKS

Front _____ Rear _____ One Side _____ Other Side _____

D. TYPE OF OCCUPANCY

Residential _____ Commercial _____ Industrial _____ Multi-unit _____ Other _____

E. TYPE OF CONSTRUCTION

Single Family Dwelling _____ Duplex _____ Townhouse _____ Multi-family _____ Addition _____

Garage: Detached _____ Attached _____ Accessory Structure _____ Pool: Ingrd. _____ Abovegrd. _____

Building is to be _____ ft. wide by _____ ft. long by _____ ft. in height

Variance Granted? _____ Yes _____ No Date: _____

Sewage On Lot Septic Permit No. _____ Public Sewer Permit No. _____

Estimated Cost of Construction: _____ Cost by Resolution: _____

F. OTHER

All plans and specifications attached _____ No. of parking spaces (commercial/business) _____

Signature of Applicant: _____ Date: _____

Issued By: _____ Date: _____

MONAGHAN TOWNSHIP, YORK COUNTY, PA

It shall be unlawful for any person to construct any building and/or structure within the limits of Monaghan Township, York County, Pennsylvania, without first obtaining a building permit to do so hereinafter provided.

No building permit shall be issued unless an application is made to the Building Code Official of Monaghan Township, signed by the owner or by a duly authorized agent or contractor, if any. The application shall contain such information as is required by the Building Permit.

It will be the duty of the permittee to see that the permit is posted in a conspicuous place where the work is being performed and that it is maintained hereon until a completion certificate has been filed.

Any permit issued shall become invalid if the authorized work is not commenced within six (6) months after issuance of the permit, or if the authorized work is suspended or abandoned for a period of six (6) months after the time of commencing of work. All work must be completed within twelve (12) months of issuance of permit.

The Owner or Contractor must file within thirty (30) days from the completion of the work, with the Building Inspector, the standard certificate provided for that purpose.

INSPECTIONS

Type of Inspection	Inspectors Initials	Date Inspected
Footer		
Under slab		
Foundation (damp proofing/ Drainage)		
Framing -Firewall/Firestop -ChimneyClearance -Masonry		
Rough in Electrical		
Rough in Plumbing		
Mechanical		
Wall Board		
Final		
Occupancy		

TAX MAP _____ PARCEL _____

NAME OF PROPERTY OWNER _____

APPLICATION FOR ZONING PERMIT

Ordinance No. 67 (as amended)

MONAGHAN TOWNSHIP

202 South York Road, Dillsburg, PA 17019 (717) 697-2132

THIS SECTION FOR TOWNSHIP USE ONLY

Date Application Received _____

Date Application Complete _____ Date Application Incomplete _____

Approved By: _____ Title _____ Date _____

Zoning Permit No. _____ Fee \$ _____ Date Issued _____

Application Fee \$ _____

Total Fee \$ _____

Sewage Permit No. _____ Date Issued _____

Application For: Special Exception _____ Variance _____ Interpretation _____ Conditional Use _____

Application Date _____

Zoning Hearing Board Case No. _____

Decision of Zoning Hearing Board: Approved _____ Denied _____ None Required _____

Conditional Use Hearing Case No. _____

Decision of Board of Supervisors: Approved _____ Denied _____ None Required _____

Date of Decision _____

1A. OWNER INFORMATION

First Name _____ Last Name or Business Name _____ Phone _____

Street Address _____ City, State, Zip _____

1B. APPLICANT INFORMATION (if not owner)

First Name _____ Last Name or Business Name _____ Phone _____

Street Address _____ City, State Zip _____

2. PROPERTY INFORMATION

Street Address _____ Tax Map/Parcel # _____ Zoning District _____

Subdivision Name _____ Subdivision Number _____

Lot Area _____ Lot Coverage _____

Lot Frontage at Road Right-of-Way _____ At Setback Line _____

Ownership	Sewage	Water	Drainage	Road/Driveway
_____ Private	_____ On-Lot	_____ Private	_____ Adequate	_____ Township
_____ Public	_____ Sewer	_____ Public	_____ Flood Plain	_____ State
			(Yes/No)	_____ Private

Sewer Provider _____

3. ZONING/BUILDING INFORMATION

IMPROVEMENT TYPE:

New Construction
 Addition
 Alteration
 Repair/Replacement
 Demolition
 Relocation
 Change to or Addition of Use

USE TYPE:

Residential
 Single Family Unit
 Duplex Family Unit
 Multiple Units
 # of Units
 Accessory

Commercial
 Industrial
 Public
 Institution
 Recreational
 Other (Specify) _____

Driveway or Modification of Driveway Required: Yes No

Description of Work (including dimensions of proposed structure e.g.: hgt, lngth, wdth):

Est. Start ___/___/___ Est. Finish ___/___/___

4. CONTRACTOR INFORMATION

Name of General Contractor _____

Phone _____

Address _____

City, State, Zip _____

NOTE: IF WORK IS BEING PERFORMED BY ANYONE OTHER THAN THE PROPERTY OWNER, A WORKERS' COMPENSATION INSURANCE COVERAGE INFORMATION FORM IS REQUIRED FOR EACH CONTRACTOR OR SUB-CONTRACTOR OR A WAIVER OF COVERAGE MUST BE EXECUTED..

5. SITE PLAN

A site plan **MUST BE SUBMITTED**, showing all structures and improvements (existing and proposed) with all dimensions, set-backs, location of wells, septic systems, drive-ways and distances to property lines indicated.

PLEASE NOTE: A BUILDING LOCATION INSPECTION IS REQUIRED PRIOR TO CONSTRUCTION. PLEASE CONTACT ZONING OFFICER FOR INSPECTION.

6. CERTIFICATION

I, as the applicant and property owner /agent for the property owner, understand that I shall proceed with construction at my own risk and peril during the thirty (30) day appeal period allowed by Pennsylvania Statute, during which time the Township or any aggrieved citizen may appeal the issuing of any permit under this application. I agree to comply with all Ordinances of this Municipality as well as the Laws and Statutes of the Commonwealth of Pennsylvania, in regards and respect to any work that may be performed on any permit issued under this application.

I further certify that no proposed construction/use shall be located in Flood Hazard Areas nor in areas identified as wetland areas as defined by the Laws and Statutes of the Commonwealth of Pennsylvania.

Signature of Applicant

Date

I certify that proposed construction/use shall be located in Flood Hazard Areas or in areas identified as wetland areas as defined by the Laws and Statutes of the Commonwealth of Pennsylvania.

Signature of Applicant

Date

**APPLICATION WILL BE REJECTED IF ALL REQUIRED MATERIALS
ARE NOT SUBMITTED**

**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.

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

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 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.**

Religious exemption under the Workers' Compensation Law.

Subscribed and sworn to before me this
__ day of _____ 20__.

(Signature of Notary Public
My Commission expires: _____

Signature of Applicant: _____
Address: _____

Monaghan Township, York County, Pennsylvania