

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 \_\_\_\_\_

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**3. ZONING/BUILDING INFORMATION**

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**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 \_\_\_/\_\_\_/\_\_\_

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**4. CONTRACTOR INFORMATION**

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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..**

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**5. SITE PLAN**

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**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.**

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**6. CERTIFICATION**

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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

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**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.

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

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**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 Applicant: \_\_\_\_\_  
Address: \_\_\_\_\_

\_\_\_\_\_  
(Signature of Notary Public  
My Commission expires: \_\_\_\_\_

\_\_\_\_\_  
Monaghan Township, York County, Pennsylvania