Heidelberg Township (page 1/5)

APPLICATION FOR **ZONING PERMIT** OR USE & OCCUPANCY

(Phone) 717-846-2004 Ext. 104 Please leave a detailed message for a return call

	LOCATION OF PROJECT					
Site Address:	City	State				
Tax Parcel Number:						
Property Owner(s):						
Owners Address if different than site:						
Owners Phone #:	ers Phone #: Owners Email:					
	ONTRACTORS INFORMATION					
		have the appropriate license(s)				
NOTE: ALL Contractors or persons working						
General Contractor:		License				
Contact Person		License				
Plumber:		License				
Electrician:	Phone:	License				
HVAC:	Phone:	License				
Additional Specialty:						
TYPE OF WORK	USE PROPOSED					
Check all that apply:	Residential	NON-Residential				
Fence less than 6', not for pools*	Change of Use Created: YES NO	Change of Use Created: YES NO				
Alteration*	Attached Detached	Industrial				
Repair, replacement*	One-Family Dwelling	Commercial				
Patio or sidewalk*	Two-Family Dwelling	Service Station, Repair Garage				
Deck under 30 inches*	Multi-Family - # of Units =	Hospital, Institutional				
Accessory building under 1000 square feet*	Accessory Building	Office, Professional				
Agriculture building*	Other	Transient Hotel, Motel, Dormitory				
Windows/Siding/Gutters*		# of Transient Units =				
Roof Replacement *	If project requires inspections or meets inspection criteria, a building application	Other				
*Must meet the exemption requirements of PA Act 45 UCC, or a building permit application is required	should be used - NOT THIS ZONING PERMIT APPLICATION					
MUST BE FILLED OUT:						
ESTIMATED COST OF IMPROVEMENT: \$	OWNERSHIP: Private	Public				

HEIDELBERG TOWNSHIP (page 2/5)

TYPE OF WORK	USE PROPOSED		
Check all that apply:	Residential	NON-Residential	
New Construction Electrical Plumbing Mechanical Addition	Change of Use Created:YESNOAttachedDetachedOne-Family DwellingTwo-Family DwellingMulti-Family - # of Units =	Change of Use Created: YES NO Industrial Commercial Service Station, Repair Garage Hospital, Institutional	
Structural Alteration	Accessory Building	Office, Professional	
Accessory Building	Other	Transient Hotel, Motel, Dormitory	
Moving, Relocating		# of Transient Units =	
Demolition	If project is exempt from inspections or	Other	
Foundation/Slab	does not meet inspection criteria, a zoning application should be used and not this Building Permit Application		
Deck over 30 inches	not this building I entite Application		
Other			
MUST BE FILLED OUT:			
ESTIMATED COST OF IMPROVEMENT: \$	OWNERSHIP: Private	_ Public	

CHARACTERISTICS OF BUILDING						
CONSTRUCTION TYPE	PRICIPAL TYPE OF FRAME	PRINCIPAL ROOF TYPE				
Stick built on site Pre-Built Structure Manufactured Industrialized Other	 Wood Framed Masonry (wall bearing) Structural Steel Reinforced Concrete Other(specify) 	Asphalt Shingle Metal Wood Rubber Other(specify)				
PARKING SPACES OFF STREET	SEWAGE DISPOSAL	SINDING TYPE(S)				
 Enclosed Spaces (Garages) Outdoor Spaces Handicap if required Van Accessible if required TOTAL 	Public System Private on-site system Type: Permit #:	 Vinyl Siding Wood Siding Metal or Aluminum Masonry Brick, Block, Stone, Etc. Stucco / Dryvit Other(specify) 				

HEIDELBERG TOWNSHIP (page 3/5)

BUILDING DIMENSIONS	FLOODPLAN - Is the site located	
	within an identified flood hazard area?	
Number of Stories	(Check One) YES NO	
Basement: YES / NO Finished / Unfinished	WETI ANDS to the size leasted within	
Attic or other storage area: YES / NO	WETLANDS - Is the sire located within an identified wetland area?	
Attic of other storage area. TEO/ NO	(Check One) YES NO	
Total Building Areasq. ft.	(<i>Check che)</i> 126 146	
- 4	HISTORICAL AREA - Is the sire	
Lot is sq. ft. / acres	located within a historical district?	
	(Check One) YES NO	
Overall sizex		
Building Height above grade:ft.	IS THE SITE LOCATED WITHIN A HOME OWNERS ASSOCIATION COMMUNITY? (Check One) YES NO	
	IF YES to the above question- who is	
ATTACH A PLOT PLAN OF YOUR ENTIRE PROPERTY	the contact for the association:	
	Name:	
	Phone #:	
Describe in detail your project: <mark>(mu</mark>	st be complete)	

HEIDELBERG TOWNSHIP (page 4/5)

APPLICATION FOR **ZONING PERMIT**

The owner of this property and the undersigned agree to conform to all State, federal, and Local Laws and Ordinances of Heidelberg Township and that by signing this application further states that any misrepresentation of the facts set forth on this application will result in criminal and civil penalties as set forth in the PA Crimes Code Title 18, Sections 4903 and 4904 dealing with false statements. I also certify that the proposed work is authorized by the property owner of record and that I have been authorized by the owner to make this application as their authorized agent.

I understand permits may be returned by the County or other State and Local agencies and it is my responsibility to obtain any required permits prior to the start of construction. I understand that this application is for Zoning Related work only, and any work requiring inspections or fall under UCC requirements will not be performed under this application.

Signature of applicant/represe	entative:		Date:	
Print Name of Owner:				
Print Name of Representative	»:		Title:	
		• •	on drop off for residential work.	
<mark>Del</mark>	<mark>ay in deposit wi</mark>	<mark>ll result in the p</mark>	rocessing of application.	
	THIS BOX TO	BE COMPLET	ED BY TOWNSHIP	
Deposit Paid	Cash	Check#	Date	
		Copy of Check	: Y/N	
	Re	eceived by:		
Address:				

PLOT PLAN

Must Include:

- Property Lines
- Existing Structure(s) On Property
- (If applicable) Location Of Septic System
- Location Of Proposed Structure(s)
- Distance Labeled From Property Lines To Proposed Structure(s)
- Dimensions Of Proposed Structure(s) **AND** existing Structure(s)
- If Structure is a fence, Height must be labeled.

Any Missing Information Will Result In The Return Of The Application

