

Application for Residential Building Permit and Plans Examination

CODE ADMINISTRATORS, INC. 4340 Oregon Pike Ephrata, PA 17522 Ph: (717)859-3350 Fax: (717)859-3363	SALISBURY TOWNSHIP 5581 Old Phila. Pike Gap, PA 17527 Ph: (717)768-8059 Fx: (717)768-3660
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PERMIT NUMBER: _____ ADDRESS: _____

LOCATION OF PROJECT	Address _____
	Intended Use _____

OWNER OF RECORD	Name of Owner _____
	Address of Owner _____ City _____
	Phone Number of Owner _____

PROJECT INFO	<input type="checkbox"/> New Building <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Repair <input type="checkbox"/> Demolition <input type="checkbox"/> Relocation <input type="checkbox"/> Foundation Only <input type="checkbox"/> Change of Use <input type="checkbox"/> Plumbing <input type="checkbox"/> Mechanical <input type="checkbox"/> Electrical Brief Description of Project _____ _____ Cost of Construction _____ Sq. Footage _____
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The applicant certifies that all information on this application is correct and the work will be completed in accordance with the "approved" construction documents and PA Act 45 (Uniform Construction Code) and any additional approved building code requirements adopted by the Municipality. The property owner and applicant assumes the responsibility of locating all property lines, setback lines, easements, rights-of-way, flood areas, etc. Issuance of a permit and approval of construction documents shall not be construed as authority to violate, cancel or set aside any provisions of the codes or ordinances of the Municipality or any other governing body. The applicant certifies he/she understands all the applicable codes, ordinances and regulations.

Applicant for a permit shall be made by the owner or lessee of the building or structure, or agent of either, or by the registered design professional employed in connection with the proposed work.

I certify that the code administrator or the code administrator's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit. I understand that I am responsible for any plan review fees or any additional inspection fees, which may be required during construction, that were not outlined during the initial permit approval. I understand that all fees must be paid in full before a certificate of occupancy can be issued. I agree that I am responsible for any fees incurred in reviewing proposed projects that I choose not to pursue.

SIGNATURE REQUIRED	Applicant Printed Name _____
	Applicant Signature _____ Date _____

FOR OFFICIAL USE BELOW THIS LINE

Permit Number _____	<u>TOWNSHIP</u>	<u>CODE ADMINISTRATORS</u>
Const. Plans Submitted _____	Zoning Fee \$ _____	Review Fee _____ x \$ _____ = \$ _____
Date Issued _____	Admin. Fee \$ _____	Inspections _____ x \$ _____ = \$ _____
Permit Type _____		PA Training Fee \$ _____
Use Group _____	PAYABLE TO "Salisbury Twp."	PAYABLE TO "Code Administrators"
	\$ 	\$
Code Administrator _____		

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Permit # _____

Contractor Information

General Contractor

General Contractor _____
Address _____
Phone _____ Fax _____ Mobile _____

Framing Contractor

Framing Contractor _____ Contract # _____
Scope of Work _____

Electrical Contractor

Electrical Contractor _____ Contract # _____
Scope of Work _____

Plumbing Contractor

Plumbing Contractor _____ Contract # _____
Scope of Work _____

Heating Contractor

Heating Contractor _____ Contract # _____
Scope of Work _____

Foundation Contractor

Foundation Contractor _____ Contract # _____
Scope of Work/Type of Work _____

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Permit # _____

Site or Plot Plan (show all property lines, structures and driveway accesses)

Plan scale _____

