DEDM	T NUMBER:	
PERIVII	I NUMBER.	

### **SALISBURY TOWNSHIP**

#### Application for Commercial Building Permit and Plan Examination CODE ADMINISTRATORS, INC. **SALISBURY TOWNSHIP** 1862 Charter Lane 5581 Old Philadelphia Pike Suite 101 Gap, PA 17527 P: (717)768-8059 Lancaster, PA 17601 P: (717)859-3350 F: (717)768-3660 F: (717)859-3363 www.salisburytownship.org info@salisburytownship.org ADDRESS: DATE SUBMITTED: LOCATION Address: OF Intended Use: **PROJECT** Name of Owner: **ADDRESS FOR** Zip Code: \_\_\_\_\_ House/Street: **OWNER OF RECORD** Phone No.: (\_\_\_\_)\_\_\_\_\_ City/State: New Building Addition Alteration Repair Demolition Relocation ☐ Foundation Only ☐ Change of Use Plumbing <sup></sup> Mechanical Electrical Ret. Wall (>4' H) Acc. Structure Other **PROJECT** INFORMATION Brief Description of Project: Total New SF: \_\_\_\_\_ Height of Structure: Cost of Construction: Number of Stories: Sewage: Public Onlot **3 COPIES OF PLANS REQUIRED** Lot Area (AC/SF): Building Coverage (SF): Total lot Coverage (SF): 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 Phone No.: (	)
	Applicant Signature:	Date:	

FOR OFFICIAL USE BELOW THIS LINE			
Permit Number:	<u>TOWNSHIP</u>	CODE ADMINISTRATORS	
Const. Plans Submitted:	Administration Fee: \$ _100.00	Review Fee: x \$	= \$
Date Issued:	Zoning Fee: \$	Inspections: x \$	= \$
Permit Type:		PA Training Fee:	= \$ <u>4.50</u>
Use Group:			

**PAYABLE TO "Salisbury Twp."** 

**PAYABLE TO "Code Administrators"** 

PERMIT NUMBER:	

## THIS PAGE FOR OFFICIAL USE ONLY

		Zoning Review:	
	Zoning Permit No.:	Арр	roval Date:
Lot Detail:	Parcel No.:	Zor	ning District:
	Front Yard (min.):	Use:	
	Side Yard (min.):	Rear Yard (min.):	
	ZHB Action/Decision:		Date
	Floodplain Located Within Site  Stormwater Management Needed	Yes No Study D Yes No SWM P	
Historic Structure: Yes No			
Building	Building Information:		
Detail:	Basement (SF):	1 <sup>st</sup> Floor (SF):	2 <sup>nd</sup> Floor (SF):
	3 <sup>rd</sup> Floor (SF):	4 <sup>th</sup> Floor (SF):	Other (SF):
	No. Bedrooms:	No. Bathrooms:	Total Building Space:
	Building Height:	Building Length:	Building Width:
Notes/ Conditions	S:		
Hwy. Occup	ancy Permit No.:	Issued: Twp.:	DOT:
Public Sewe	r Permit No.:	Issued:	
On-site Sew	age Permit No.:	Issued:	
Zonina Offic	er Signature:		

PERMIT NUMBER:	
CENIVILI NUIVIDEN.	

## **Contractor Information:**

General Contractor	Contact Name: Contract No.:
_	Address:
Framing Contractor	Contact Name:
	Scope of Work:
Electrical Contractor	Contact Name: Contract No.:
	Address:
Plumbing Contractor	Contact Name: Contract No.:  Company Name:  Address:
	P: ( F: ( M: ( E:
Heating Contractor	Contact Name: Contract No.:  Company Name:  Address:
	P: ( F: ( M: ( E:

PERMIT NUMBER:	

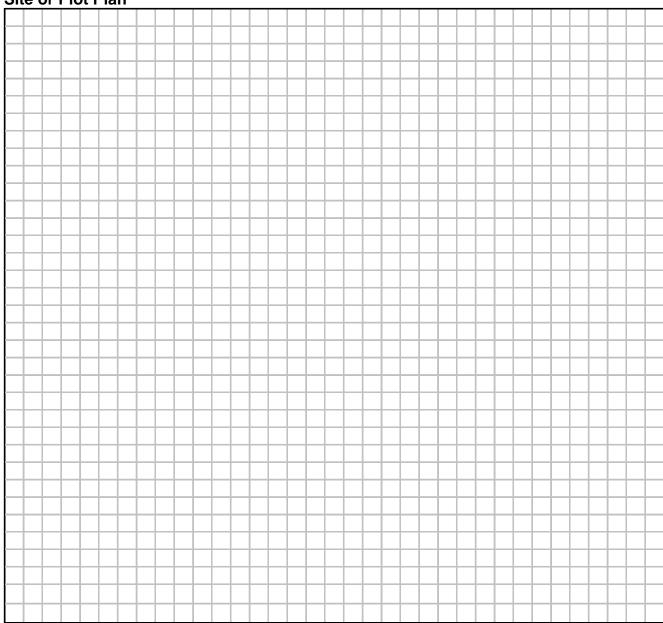
## **Contractor Information (cont.):**

# Foundation Contractor

Contact Name:	c	ontract No.:
Company Name:		
Address:		
P: ( <u>)</u> F: (_	) M: ()	E:
Scope of Work:		

PERMIT NUMBER:	
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### Site or Plot Plan



SHOW (and dimension) ALL: Plan scale:

Site plan attached

1. property lines

structures (existing and proposed)
 driveway accesses

4. sanitary facilities

5. SWM facilities

6. easements

7. utilities

Provide copies of all other applicable permits, certifications or licensing requirements which may apply under the following:

- 1. Elevator or Lifting Device Regulations
- 2. Boiler and Unfired Pressure Vessel Law
- 3. Propane and Liquefied Petroleum Gas Act
- 4. Health Care Facilities Act
- 5. Older Adult Daily Living Centers Licensing Act