

PERMIT NUMBER: _____

SALISBURY TOWNSHIP

Application for Residential Building Permit and Plan Examination

CODE ADMINISTRATORS, INC.

1862 Charter Lane
Suite 101
Lancaster, PA 17601
P: (717)859-3350
F: (717)859-3363
E: staff@codeadministrators.com

SALISBURY TOWNSHIP

5581 Old Philadelphia Pike
Gap, PA 17527
P: (717)768-8059
F: (717)768-3660
E: info@salisburytownship.org

ADDRESS: _____

DATE SUBMITTED: _____

LOCATION OF PROJECT

Address: _____

Intended Use: _____

OWNER OF RECORD

Name of Owner: _____

Address of Owner: _____ Zip Code: _____

City: _____ Phone No.: () _____

PROJECT INFORMATION

- | | | | | |
|---------------------------------------|--|--|---|-------------------------------------|
| <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 | <input type="checkbox"/> Pool | <input type="checkbox"/> Ret. Wall (>4' H) | <input type="checkbox"/> Acc. Structure | <input type="checkbox"/> Other |

Brief Description of Project: _____

Cost of Construction: _____ Total Sq. Footage: _____ Height of Structure: _____

Number of Stories: _____ Sewage: ☐ Public ☐ Onlot **3 COPIES OF PLANS REQUIRED**

Lot Area (AC/SF): _____ Building Coverage (SF): _____ Total Imp. 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 Email: _____

Applicant Signature: _____

Date: _____

FOR OFFICIAL USE BELOW THIS LINE

Permit Number: _____

TOWNSHIP

CODE ADMINISTRATORS

Const. Plans Submitted: _____

Administration Fee: \$ 100.00

Review Fee: _____ x \$ _____ = \$ _____

Date Issued: _____

Zoning Fee: \$ _____

Inspections: _____ x \$ _____ = \$ _____

Permit Type: _____

PA Training Fee: _____ = \$ 4.50

Use Group: _____

PAYABLE TO "Salisbury Twp."

PAYABLE TO "Code Administrators"

\$

\$

THIS PAGE FOR OFFICIAL USE ONLY

Zoning Review:

Zoning Permit No.: _____

Approval Date: _____

**Lot
Detail:**

Parcel No.: _____

Zoning District: _____

Front Yard (min.): _____

Use: _____

Side Yard (min.): _____

Rear Yard (min.): _____

ZHB Action/Decision: _____

Date _____

Floodplain Located Within Site ☐ Yes ☐ No _____ Study Done

Floodplain Located Within Site ☐ Yes ☐ No _____ SWM Permit No.

**Building
Detail:**

Historic Structure: ☐ Yes ☐ No

Residential Building Information:

Basement (SF): _____

Garage (SF): _____

1st Floor (SF): _____

2nd Floor (SF): _____

Porch (SF): _____

Deck (SF): _____

Other (SF): _____

No. Bedrooms: _____

Total Habitable Space: _____

Building Height: _____

Building Length: _____

Building Width: _____

**Notes/
Conditions:**

Hwy. Occupancy Permit No.: _____ Issued: _____ Twp.: _____ DOT: _____

Public Sewer Permit No.: _____ Issued: _____

On-site Sewage Permit No.: _____ Issued: _____

Zoning Officer Signature: _____

Contractor Information:

General
Contractor

Contact Name: _____	Contract No.: _____
Company Name: _____	
Address: _____	
P: () _____	F: () _____ M: () _____ E: _____

Framing
Contractor

Contact Name: _____	Contract No.: _____
Company Name: _____	
Address: _____	
P: () _____	F: () _____ M: () _____ E: _____
Scope of Work: _____	

Electrical
Contractor

Contact Name: _____	Contract No.: _____
Company Name: _____	
Address: _____	
P: () _____	F: () _____ M: () _____ E: _____
Scope of Work: _____	

Plumbing
Contractor

Contact Name: _____	Contract No.: _____
Company Name: _____	
Address: _____	
P: () _____	F: () _____ M: () _____ E: _____
Scope of Work: _____	

Heating
Contractor

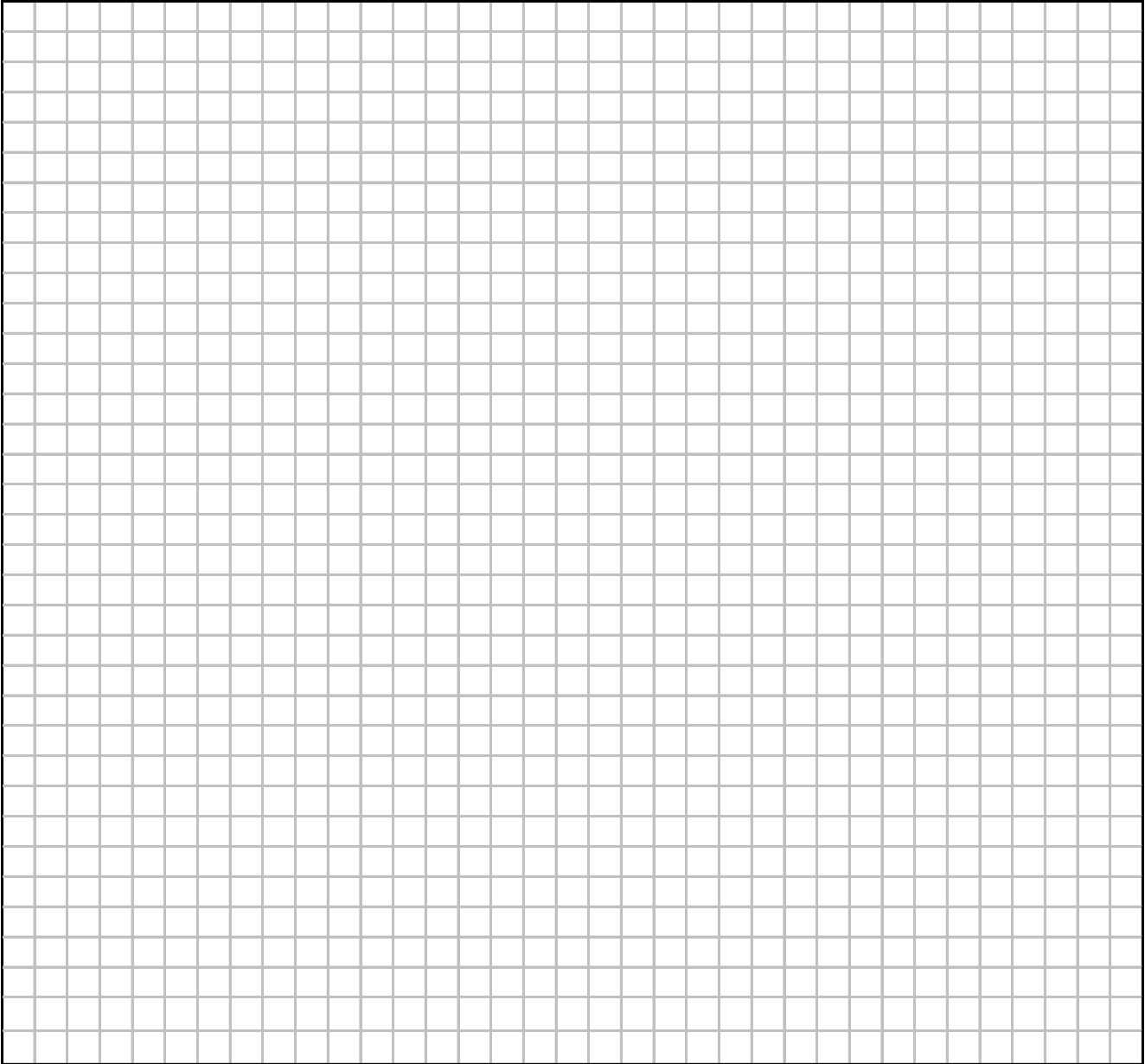
Contact Name: _____	Contract No.: _____
Company Name: _____	
Address: _____	
P: () _____	F: () _____ M: () _____ E: _____
Scope of Work: _____	

Contractor Information (cont.):

Foundation
Contractor

Contact Name: _____	Contract No.: _____
Company Name: _____	
Address: _____	
P: () _____	F: () _____
M: () _____	E: _____
Scope of Work: _____	

Site or Plot Plan



Plan scale: _____	SHOW (and dimension) ALL:	Site plan attached <input type="checkbox"/>
1. property lines	5. SWM facilities	
2. structures (existing and proposed)	6. easements	
3. driveway accesses	7. utilities	
4. sanitary facilities		