#### **SALISBURY TOWNSHIP**

### **Application for Residential 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 E: info@salisburytownship.org E: staff@codeadministrators.com ADDRESS: DATE SUBMITTED: \_\_\_\_\_ LOCATION Address: OF **PROJECT** Intended Use: Name of Owner: \_\_\_\_\_\_ **OWNER OF** Zip Code: \_\_\_\_\_ RECORD Address of Owner: Phone No.: ( \_\_)\_\_\_\_\_ New Building Addition Alteration Repair Demolition Relocation Foundation Only Change of Use Plumbing Mechanical ☐ Electrical Ret. Wall (>4' H) Acc. Structure Other **PROJECT** INFORMATION 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 <u>PA Act 45 (Uniform Construction Code)</u> 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. reprint 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 Applicant Printed Name: Applicant Phone No.: ( ) **REQUIRED** Applicant Email: Applicant Signature: FOR OFFICIAL USE BELOW THIS LINE

PAYABLE TO "Salisbury Twp."

Administration Fee: \$ 100.00

TOWNSHIP

Zoning Fee:

Permit Number:

Const. Plans Submitted: \_\_\_\_\_

Date Issued:

Permit Type: \_\_\_ Use Group:

**PAYABLE TO "Code Administrators"** 

Review Fee: x \$ = \$ Inspections: x \$ = \$

CODE ADMINISTRATORS

PA Training Fee:

PERMIT NUMBER:	
----------------	--

### THIS PAGE FOR OFFICIAL USE ONLY

Zoning Review:				
	Zoning Permit No.:	<u> </u>	_ Approval D	ate:
Lot	Parcel No.:		Zoning District	:
Detail:	Front Yard (min.):		Use:	
	Side Yard (min.):		Rear Yard (min.):	
	ZHB Action/Decision:		Date _	
	Floodplain Located Within Site SWM Needed Yes No S		<del></del>	t No
Duilding	Historic Structure: Yes No			
Building Detail:	Residential Building Information:			
Detail.	Basement (SF):	Garage (SF):		1 <sup>st</sup> Floor (SF):
	2 <sup>nd</sup> Floor (SF):	Porch (SF):		Deck (SF):
	Other (SF):	No. Bedrooms:	Total Ha	bitable Space:
	Building Height:	Building Length:	E	Building Width:
Notes/ Condition	S:			
Hwy. Occup	ancy Permit No.:	_ Issued:	Twp.:	DOT:
Public Sewer Permit No.: Issued:		<del> </del>		
On-site Sewage Permit No.:		<del></del>	Issued:	
Zoning Offic	er Signature:			

PERMIT NUMBER: \_\_\_\_\_

# **Contractor Information:**

General
Contracto

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

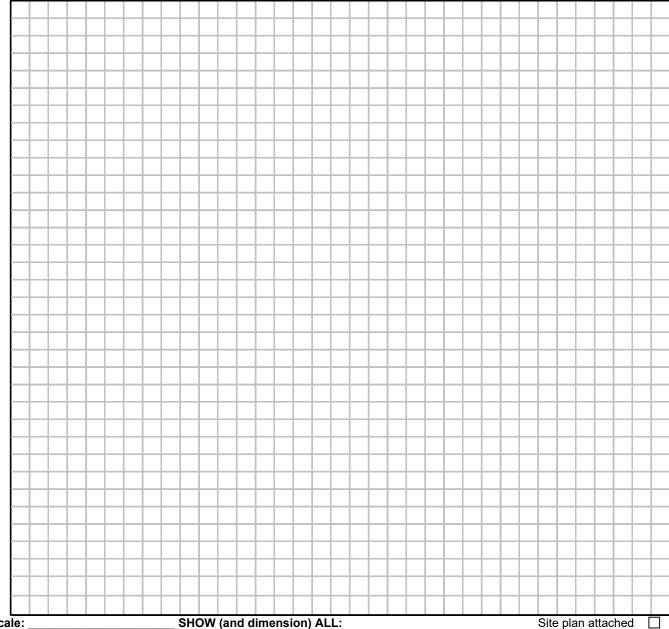
PERMIT NUMBER:	

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

## Foundation Contractor

Overteert Names	Outdoord No.
Contact Name:	Contract No.:
Company Name:	
Address:	
P: ( <u>)</u>	E:
Scope of Work:	

### Site or Plot Plan



Plan scale:

Site plan attached

- 1. property lines
- 2. structures (existing and proposed)
- 3. driveway accesses
- 4. sanitary facilities

- 5. SWM facilities
- 6. easements
- 7. utilities