

PERMIT NUMBER: _____

SALISBURY TOWNSHIP

Application for Commercial Building Permit and Plan Examination

CODE ADMINISTRATORS, INC.

4340 Oregon Pike
Ephrata, PA 17522
P: (717)859-3350
F: (717)859-3363

SALISBURY TOWNSHIP

5581 Old Philadelphia Pike
Gap, PA 17527
P: (717)768-8059
F: (717)768-3660
E: twp@comcast.net
W: www.salisburytownship.org

ADDRESS: _____

DATE SUBMITTED: _____

LOCATION OF PROJECT

Address: _____

Intended Use: _____

ADDRESS FOR OWNER OF RECORD

Name of Owner: _____

House/Street: _____ Zip Code: _____

City/State: _____ Phone No.: () _____

- | | | | | |
|---------------------------------------|--|--|---|-------------------------------------|
| <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 |

PROJECT INFORMATION

Brief Description of Project: _____

Cost of Construction: _____ Total New SF: _____ Height of Structure: _____

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>	<u>CODE ADMINISTRATORS</u>
Const. Plans Submitted: _____	Administration Fee: \$ 100.00	Review Fee: _____ x \$ _____ = \$ _____
Date Issued: _____	Zoning Fee: \$ _____	Inspections: _____ x \$ _____ = \$ _____
Permit Type: _____		PA Training Fee: _____ = \$ 4.00
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

Stormwater Management Needed Yes No _____ SWM Permit No.

Historic Structure: Yes No

**Building
Detail:**

Building Information:

Basement (SF): _____ 1st Floor (SF): _____ 2nd Floor (SF): _____

3rd Floor (SF): _____ 4th Floor (SF): _____ Other (SF): _____

No. Bedrooms: _____ No. Bathrooms: _____ Total Building Space: _____

Building Height: _____ Building Length: _____ Building Width: _____

**Notes/
Conditions:**

Large empty rectangular box for notes and 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

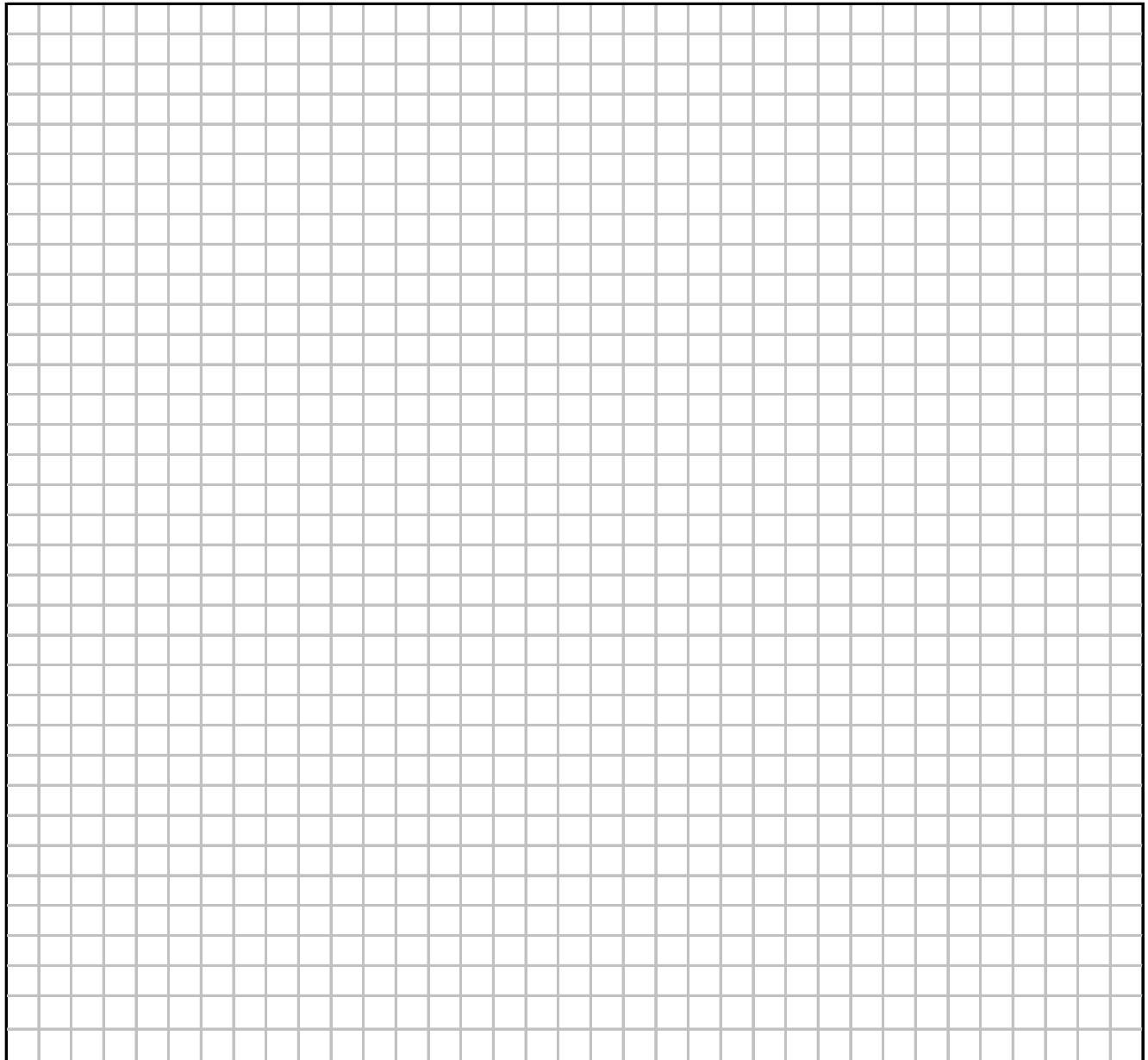
Contact Name: _____ Contract No.: _____
Company Name: _____
Address: _____
P: () _____ F: () _____ M: () _____ E: _____
Scope of Work: _____

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

- | | |
|---------------------------------------|-------------------|
| 1. property lines | 5. SWM facilities |
| 2. structures (existing and proposed) | 6. easements |
| 3. driveway accesses | 7. utilities |
| 4. sanitary facilities | |

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