



## **APPLICATION FOR ZONING/COMMERICAL PERMIT**

### **Annville Township**

36 N. Lancaster Street  
PO Box 178  
Annville, PA 17003  
Phone: 717-867-4476 Fax: 717-867-0916  
[www.annvilletwp.com](http://www.annvilletwp.com)

PERMIT #:

DATE:

Applicant's Name: \_\_\_\_\_ Phone No. \_\_\_\_\_

Address: \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Phone No. \_\_\_\_\_

Address: \_\_\_\_\_

Address of Property: \_\_\_\_\_

If lot is shown on a recorded subdivision plan, indicate the name of the plan and the book, volume, and page number of the recorded plan: \_\_\_\_\_

Description of New Structure or Modification: \_\_\_\_\_

Structure/Modification will contain \_\_\_\_\_ square feet and a height of \_\_\_\_\_ from grade to the highest point.  
Dimension: \_\_\_\_\_ Value of the Completed Structure or Modification: \_\_\_\_\_

(Excluding Land)

Proposed Use: \_\_\_\_\_

Date of Completion: \_\_\_\_\_

Contractor's PA Registration No: \_\_\_\_\_

### **PROVIDE THREE (3) SETS OF PLOT PLAN WHICH CLEARLY SHOW...**

1. The dimensions and shape of the lot to be built upon.
2. The location and dimensions (length & width) of all existing buildings on the lot.
3. The location and dimensions (length, width, & height) of all proposed buildings or additions to buildings and off-street parking and/or loading facilities.
4. The setback dimensions for all proposed buildings or additions to buildings, measured from the side and rear property lines and the abutting sheet centerline.
5. The location of sanitary sewer and water supply facilities.
6. A statement indicating the existing and proposed use.
7. Altering or constructing a new driveway requires completing a driveway permit application.
8. \$500.00 non-refundable deposit required for residential applications submitted.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

### **ZONING OFFICERS ONLY**

This application is:      Approved ( )      Denied ( )

Date: \_\_\_\_\_ Zoning Officers Signature: \_\_\_\_\_

Comments: \_\_\_\_\_

Deposit Paid: \_\_\_\_\_ Zoning Permit Fee: \_\_\_\_\_ Inspection Fee: \_\_\_\_\_ Admin: \_\_\_\_\_

Total Fee Due: \_\_\_\_\_ Zoning District: \_\_\_\_\_ Tax Map Number: \_\_\_\_\_

**ANNVILLE TOWNSHIP****Contractor Listing**

Permit No.: \_\_\_\_\_ Site Address: \_\_\_\_\_

**General Contractor**

Business Name		
Contact		Telephone
Address		
City	State	Zip
Fax	Mobile	Email

**Electrical Contractor**

Business Name		
Contact		Telephone
Address		
City	State	Zip
Fax	Mobile	Email

**Plumbing Contractor**

Business Name		
Contact		Telephone
Address		
City	State	Zip
Fax	Mobile	Email

**HVAC Contractor**

Business Name		
Contact		Telephone
Address		
City	State	Zip
Fax	Mobile	Email

# Workers' Compensation Insurance Coverage Information

*(attach to building permit application)*

A. The applicant is,

A contractor within the meaning of the Pennsylvania Workers' Compensation Law.

Yes ☐

No ☐

If the answer is "yes", complete sections B and C below as appropriate.

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## B. Insurance Information

Name of Applicant: \_\_\_\_\_

Federal or State Employer Identification No.: \_\_\_\_\_

Applicant is a qualified self-insurer for workers' compensation.

☐ *Certificate attached*

Name of Workers' Compensation Insurer: \_\_\_\_\_

Workers' Compensation Insurance Policy No.: \_\_\_\_\_

☐ *Certificate attached*

Policy Expiration Date: \_\_\_\_\_

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## C. Exemption

*Complete Section C if the applicant is a contractor claiming exemption from providing workers' compensation insurance.*

The undersigned swears or affirms that he/she is not required to provide workers' compensation insurance under the provisions of Pennsylvania's Workers' Compensation Law for one of the following reasons, as indicated:

☐ Contractor with no employees. Contractor prohibited by law from employing any individual to perform work pursuant to building permit unless contractor provides proof of insurance to the township.

☐ Religious exemption under the Workers' Compensation Law.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
(Signature of Notary Public)

My commission expires: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

County of: \_\_\_\_\_

Municipality of: \_\_\_\_\_