



APPLICATION FOR ZONING/DEMO PERMIT

Annville Township

36 N. Lancaster Street
PO Box 178
Annville, PA 17003
Phone: 717-867-4476 Fax: 717-867-0916
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. Dimension: _____

Cost of Demolition: _____ Value of the Complete Structure or Modification: _____

(Excluding land)

Proposed Use: _____

Date of Completion: _____

PROVIDE THREE (3) SETS OF PLANS WHICH CLEARLY SHOW:

1. The dimensions and shape of the lot to be modified.
2. The location and dimensions of proposed removal on the lot.
3. The location of sanitary sewer and water supply facilities.
4. \$100.00 non-refundable deposit required for demolition applications submitted.

Date

Applicant's Signature

FOR ZONING OFFICERS ONLY

The application is: Approved () Denied ()

Date

Zoning Officers Signature

Comments: _____

Deposit Paid: _____ Zoning Permit Fee: _____ Inspection Fees: _____ 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.

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: _____

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: _____