



**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](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. 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.

\_\_\_\_\_  
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.

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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: \_\_\_\_\_