



APPLICATION FOR ZONING/RESIDENTAL 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 and a height of _____ fro (Excluding Land) _____ est point.
Dimension: _____ Value of the Completed Structure or Modification: _____

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.

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.

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: _____