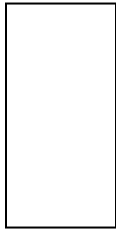




# BOROUGH OF TERRE HILL

## Town Clock Hall

300 Broad Street  
 PO Box 250  
 Terre Hill, PA 17581-0250  
 Telephone: (717) 445-4581  
 Fax: (717) 445-9139



### ZONING/BUILDING PERMIT APPLICATION

#### 1. Applicant Information *(person in charge of project)*

Application Date:		
Permit Application Contact:		L&I #:
Business Name:		
Mailing Address:		
City, State, Zip Code:		
Phone Number:		Mobile Number:
E-mail:		

#### 2. Owner Information

Full Name (Owner 1):		
Full Name (Owner 2):		
Business Name:		
Mailing Address:		
City, State, Zip Code:		
Phone Number:		Mobile Number:
E-mail:		

#### 3. Property Information

Street Address:			Apt. #:
City, State, Zip Code:			
Subdivision Name:			
Street Name/Lot #:			
Parcel Account #:			
Zoning District:	Residential: <input type="checkbox"/> R-1 Low Density <input type="checkbox"/> R-2 High Density <input type="checkbox"/> R-C Residential/Commercial Mixed-Use District	Commercial/Industrial: <input type="checkbox"/> C-N Commercial/Neighborhood District <input type="checkbox"/> L-I Limited Industrial District	
Parcel Use: <i>(check all that apply)</i>	<input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial	<input type="checkbox"/> Agricultural <input type="checkbox"/> Other _____	

#### 4. Improvement Type *(check all that apply)*

<input type="checkbox"/> New Structure	<input type="checkbox"/> Pool	<input type="checkbox"/> Electrical
<input type="checkbox"/> Addition	<input type="checkbox"/> Shed/Gazebo	<input type="checkbox"/> Plumbing
<input type="checkbox"/> Alteration or Renovation	<input type="checkbox"/> Deck/Patio	<input type="checkbox"/> Mechanical
<input type="checkbox"/> Exterior <input type="checkbox"/> Interior	<input type="checkbox"/> Fence	<input type="checkbox"/> Other _____
<input type="checkbox"/> Repair/Replacement	<input type="checkbox"/> Driveway	
<input type="checkbox"/> Demolition	<input type="checkbox"/> Sign	

5. Proposed Use (check all that apply and provide description of proposed use)

<input type="checkbox"/> Residential	<input type="checkbox"/> Institutional	
<input type="checkbox"/> Business	<input type="checkbox"/> Mercantile	
<input type="checkbox"/> Assembly	<input type="checkbox"/> Agricultural	
<input type="checkbox"/> Educational		
<input type="checkbox"/> Other _____		

6. Scope of Work (provide description of improvements)


7. Building

Type of Structure:	Size:	
Stories #:	Full Baths #:	Garages #:
Bedrooms #:	Partial Baths #:	Fireplaces #:

Structural (check all that apply):	Exterior (check all that apply):
Frame:	Walls:
<input type="checkbox"/> Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Concrete <input type="checkbox"/> Wood <input type="checkbox"/> Other _____	<input type="checkbox"/> Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Concrete <input type="checkbox"/> Wood <input type="checkbox"/> Other _____

8. Setbacks and Lot Coverage

Street Frontage (feet):	Lot Area (sq. ft.):
Front Setback (feet):	Lot Coverage (%):
Rear Setback (feet):	Building Area (sq. ft.):
Left Setback (feet):	Parking Area (sq. ft.):
Right Setback (feet):	Living Area (sq. ft.):
Outside Parking (quantity):	Basement Area (sq. ft.):
Manufacturing (sq. ft.):	Garage Area (sq. ft.):
Service (sq. ft.):	Office/Sales (sq. ft.):
Other:	

9. Electrical

Total Service _____ Amps	Number of Circuits ___ 2 wire ___ 3 wire ___ 4 wire			Number of Outlets ___ 110v ___ 220v		
<u>Power Devices</u>	<u>Qty</u>	<u>Output/Load</u>	<u>Power Device</u>	<u>Qty</u>	<u>Output/Load</u>	
Receptacles						
Lights						
Pumps						
Heating						
Air Conditioning						
Area						
Utility Service Revisions:						
Estimated Start Date:			Estimated Finish Date:			

10. Plumbing (enter the number of fixtures being installed, replaced or repaired)

Tubs/showers:	Water Softeners:
Shower Stalls:	Water Pumps:
Sinks:	Floor Drains:
Laundry Tubs/Sinks:	Sump Pumps:
Toilets:	Sewage Ejectors:
Urinals:	Back Flow Preventers:
Dishwashers:	Hydrants:
Garbage Disposal:	Drinking Fountains:
Freeze Proof Spigots:	Swimming Pools:
Water Heaters:	
Estimated Start Date:	Estimated Finish Date:

11. Mechanical (Check type and enter number of new or replacement units)

<input type="checkbox"/> Forced Air Furnace		<input type="checkbox"/> Boiler		<input type="checkbox"/> Air Handling Unit	
<input type="checkbox"/> Unit Heater		<input type="checkbox"/> Coil Unit		<input type="checkbox"/> Heat Pump	
<input type="checkbox"/> Gas/Oil conversion		<input type="checkbox"/> Window A/C Unit		<input type="checkbox"/> Air Cleaner	
<input type="checkbox"/> Space Heater		<input type="checkbox"/> Split System A/C		<input type="checkbox"/> Kitchen Exhaust Hood	
<input type="checkbox"/> Gravity Furnace		<input type="checkbox"/> A/C Compressor			
<input type="checkbox"/> Solid Fuel Appliance		<input type="checkbox"/> Geothermal			
Type of Heating Fuel:					
<input type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Coal <input type="checkbox"/> Wood <input type="checkbox"/> Other _____					
Estimated Start Date:			Estimated Finish Date:		

12. Driveway

<input type="checkbox"/> New Driveway	Dimensions:	Material:
<input type="checkbox"/> Driveway Expansion	Dimensions:	Material:

*“Be advised that a highway occupancy permit is required pursuant to Section 420 of the Act of June 1, 1945 (P.L. 1242, No. 428), known as the “State Highway Law”, before driveway access to a state highway is permitted. Access to a state highway shall be only as authorized by a highway occupancy permit”*

13. Storm Water Management

<p>Applications with improvements which include the addition of more than 100 square feet of impervious surface are required to install a storm water management system to manage the storm water displaced by the additional impervious surface. Such storm water management improvements are required under the provisions of Storm Water Management Ordinance 2014-1 and Storm Water Management Amendment Ordinance 2014-2.</p> <p><i>A Building Permit cannot be issued until the associated storm water management plan is approved or a waiver exempting you from the requirements of the Storm Water Management Ordinance has been requested of and granted by Borough Council.</i></p> <p>Does this permit application include a Storm Water Management Plan?    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p>
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14. Project Cost

Estimated Cost of Work:
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15. Contractors (list all contractors involved with the project)

<b>Permit Application Contact</b>		L&I #:
Business Name:		
Contact:		Phone #:
Address:		Mobile #:
City:	State:	Zip Code:
Fax:	E-mail:	

<b>Architect/Engineer</b>		L&I #:
Business Name:		
Contact:		Phone #:
Address:		Mobile #:
City:	State:	Zip Code:
Fax:	E-mail:	

<b>General Contractor</b>		L&I #:
Business Name:		
Contact:		Phone #:
Address:		Mobile #:
City:	State:	Zip Code:
Fax:	E-mail:	

<b>Excavation Contractor</b>		L&I #:
Business Name:		
Contact:		Phone #:
Address:		Mobile #:
City:	State:	Zip Code:
Fax:	E-mail:	

<b>Concrete Contractor</b>		L&I #:
Business Name:		
Contact:		Phone #:
Address:		Mobile #:
City:	State:	Zip Code:
Fax:	E-mail:	

<b>Carpentry Contractor</b>		L&I #:
Business Name:		
Contact:		Phone #:
Address:		Mobile #:
City:	State:	Zip Code:
Fax:	E-mail:	

<b>Roofing Contractor</b>		L&I #:
Business Name:		
Contact:		Phone #:
Address:		Mobile #:
City:	State:	Zip Code:
Fax:	E-mail:	

<b>Masonry Contractor</b>		L&I #:
Business Name:		
Contact:		Phone #:
Address:		Mobile #:
City:	State:	Zip Code:
Fax:	E-mail:	

<b>Drywall/Plaster Contractor</b>		L&I #:
Business Name:		
Contact:		Phone #:
Address:		Mobile #:
City:	State:	Zip Code:
Fax:	E-mail:	

<b>Electrical Contractor</b>		L&I #:
Business Name:		
Contact:		Phone #:
Address:		Mobile #:
City:	State:	Zip Code:
Fax:	E-mail:	

<b>Plumbing Contractor</b>		L&I #:
Business Name:		
Contact:		Phone #:
Address:		Mobile #:
City:	State:	Zip Code:
Fax:	E-mail:	

<b>Mechanical (HVAC) Contractor</b>		L&I #:
Business Name:		
Contact:		Phone #:
Address:		Mobile #:
City:	State:	Zip Code:
Fax:	E-mail:	

<b>Paving Contractor</b>		L&I #:
Business Name:		
Contact:		Phone #:
Address:		Mobile #:
City:	State:	Zip Code:
Fax:	E-mail:	

<b>Additional Contractor</b>		L&I #:
Business Name:		
Contact:		Phone #:
Address:		Mobile #:
City:	State:	Zip Code:
Fax:	E-mail:	

***Builder must provide a written warranty to the homeowner certifying that the home is in compliance with Act 222 of 1980, which sets minimal energy conservation standards. Set forth at 16 PA Code Section 30.32 etseq.***

16. Plot Plan

The following shall be shown on this plot plan: Lot Lines (shape of parcel); Size of Lot (dimensions); Location and dimensions of existing Buildings, Driveways/Parking areas, and Easements; Front, Rear and Side Yard dimensions (distance between buildings and lot lines of both existing buildings and proposed structures or additions).

Note: any changes from original submission will require a revision of this page.



A large grid of small squares, intended for drawing a plot plan. The grid is composed of 20 columns and 30 rows of squares, each square being approximately 1.5 units wide and 1.5 units high. The grid is currently blank.

17. Applicant Acknowledgement and Certification

Application is hereby made for a permit to erect or alter a structure which shall be located as shown on diagram attached, and to use the premises for the purposes described herewith. The information contained herein, together with location diagram and construction plans is made part of this application by the undersigned. It is understood and agreed by this applicant that any error, misstatement or misrepresentation of material fact, either with or without intention on the part of this application, such as might or would operate to cause a refusal of this application, or any change in the location, size or use of structure or land made subsequent to the issuance of this permit, without approval of the Zoning Officer, shall constitute sufficient ground for the revocation of this permit.

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as their authorized agent, and I agree to conform to all applicable laws of the Borough of Terre Hill. In addition, if a permit for work described in this application is issued, I certify that the code official or the code official'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, further will notify the code official for all required inspections.

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

Name (please print) \_\_\_\_\_

Title \_\_\_\_\_

Date Signed: \_\_\_\_\_

18. Municipal Authorization

Permission is granted to perform above work, subject to compliance with terms of Borough Ordinances and Codes; decisions of the Zoning Hearing Board, if applicable; and the Uniform Construction Code.

Zoning Officer Signature \_\_\_\_\_

Date of Issue \_\_\_\_\_

**PERMIT VALID FOR ONE YEAR FROM DATE OF ISSUE**

The application contained herein has been denied for the following reason(s):

Reason for Denial: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**FOR OFFICE USE ONLY:**

DATE RECEIVED \_\_\_\_\_ APPLICATION FEE \_\_\_\_\_

TYPE OF APPLICATION  Zoning  Building  Demolition  Stormwater

CODE REVIEW:

DATE SUBMITTED \_\_\_\_\_ DATE RETURNED \_\_\_\_\_

DATE OF ISSUE \_\_\_\_\_ BALANCE DUE \_\_\_\_\_

APPROVED  DENIED PERMIT NUMBER: \_\_\_\_\_