

**ELIZABETH TOWNSHIP      ZONING/BUILDING      PERMIT APPLICATION**

This guideline was prepared to assist you in planning your project. By properly submitting the necessary information, the Zoning Officer will be able to swiftly process your Zoning Permit application. Your project will be evaluated to confirm compliance with the Elizabeth Township Zoning Ordinance.

If your project is not in compliance with the Zoning Ordinance (permitted use, setbacks from property lines, lot coverage allowance, etc.), you may need to obtain a variance or special exception from the Elizabeth Township Zoning Hearing Board prior to obtaining a Zoning Permit.

Along with this completed application, a plot plan and any supplemental information must be submitted before this application will be reviewed. The Zoning Permit fee must be submitted at the time of application.

Questions regarding this procedure should be directed to Barry R. Wagner, Zoning Officer at (717) 625-0444. The Zoning Officer is also available at the Township office on Wednesday evenings between 6 p.m. and 8 p.m.

***ZONING PERMIT APPLICATION:***

- A.     Did you complete the application with all information requested?
- B.     Did you sign and date the application?
- C.     Did you provide the full name and address of the applicant and the landowner, if different, on the application?
- D.     Did you include a sufficiently clear and detailed plan showing lot area and setback footages from property lines of all structures on the property?
- E.     Will your project involve land/ground disturbance? If so, how much?
- F.     Did you provide proof of Workers' Compensation Insurance or indicate that none is required?
- G.     Did you include the application fee (made payable to "Elizabeth Township")?
- H.     If applicable to your project, did you complete the Application for Building/Construction Permit as required under the Uniform Construction Code.

***REQUIRED FOR NEW RESIDENTIAL CONSTRUCTION PRIOR TO THE ISSUANCE OF A ZONING PERMIT:***

- A.     Sewage permit.
- B.     Valid driveway permit (State or Township).
- C.     Storm water management permit.
- D.     Water feasibility permit.
- E.     Application for Building/Construction Permit as required under the Uniform Construction Code, if applicable to the project.

Additions, alterations, and accessory structures may also require a Storm Water Management Permit and/or Building/Construction Permit under the Uniform Construction Code.

***REQUIRED FOR NON-RESIDENTIAL BUILDINGS/USES PRIOR TO ISSUANCE OF A ZONING PERMIT:***

- A.     Items above, if applicable to the project.
- B.     Approval and recording of a land development plan or a receipt of a waiver of the land development plan processing procedure.
- C.     Storm Water Management Plan approval or receipt of a waiver thereof.
- D.     Sedimentation and Erosion Control Plan, if grading or excavation is proposed, or proof that a plan is not required.
- E.     Application for Building/Construction Permit as required by the Uniform Construction Code, if applicable to the project.

**ELIZABETH TOWNSHIP**  
423 South View Drive  
Lititz, PA 17543

Telephone: (717) 626-4302

Fax: (717) 626-0102

**APPLICATION FOR ZONING PERMIT**

Name: \_\_\_\_\_

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

Name, Address, and Phone of **Owner**, if different than Applicant: \_\_\_\_\_

If the Applicant is not the Owner of the property, identify the relationship of the Applicant to the Owner:

Federal or State Employer Identification Number of Contractor: \_\_\_\_\_

Is Applicant required to carry Workers' Compensation Insurance? \_\_\_\_\_ Yes. \_\_\_\_\_ No.

Workers' Compensation Insurance carrier: \_\_\_\_\_

Attach a certificate issued by Workers' Compensation Carrier naming Elizabeth Township as a policy certificate holder which shall be notified of the expiration or cancellation of the policy.

If Applicant is not the Owner of the property, have you been authorized to make this application?

\_\_\_\_\_ Yes. \_\_\_\_\_ No.

Location of property: \_\_\_\_\_

Zoning District Classification: \_\_\_\_\_

Present Use of Property: \_\_\_\_\_ **NOTE:** Is any building on the property considered a historic site? If yes, attach a description of the historic nature of the building(s).

Describe the proposed use of the property and/or structures to be erected in sufficient detail to determine compliance with the requirements of the Elizabeth Township Zoning Ordinance. Include the size and type of construction and the type of building materials being used \_\_\_\_\_

Proposed yard setbacks: Front: \_\_\_\_\_ Rear: \_\_\_\_\_ Sides: \_\_\_\_\_ Lot Coverage: \_\_\_\_\_%

Width of structure: \_\_\_\_\_ Depth: \_\_\_\_\_ Height: \_\_\_\_\_

Type of Construction: New Construction ( ) Addition ( ) Alteration ( )

Structure will contain \_\_\_\_\_ square feet of usable floor area.

Proposed number of off-street parking spaces, if applicable: \_\_\_\_\_

Proposed number of off-street loading spaces, if applicable: \_\_\_\_\_

The complete cost of the project for which this permit is requested is \$ \_\_\_\_\_.

Estimated date of project completion: \_\_\_\_\_

The lines of the boundary street and the property lines have been accurately located and staked on the ground by:

\_\_\_\_\_

If required, has the Elizabeth Township Zoning Hearing Board issued a decision permitting the requested use or the erection of the structure? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, list the Zoning Hearing Board Case Number \_\_\_\_\_, and the Zoning Hearing Board's date of the decision \_\_\_\_\_.

If required, has a sewage permit been obtained? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, the sewage permit number is \_\_\_\_\_.

If required, has a driveway permit been obtained? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, the driveway permit number is \_\_\_\_\_.

If required, has a storm water management permit been obtained? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, the storm water management permit number is \_\_\_\_\_.

If required, has a well permit been obtained? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, the well permit number is \_\_\_\_\_.

\* \* \*

**A PLOT PLAN SHOWING EXISTING AND PLANNED STRUCTURES, EXISTING AND PLANNED DRIVEWAYS AND PARKING AREAS, INTERIOR AND EXTERIOR STORAGE AREAS, AND ALL SIGNIFICANT FEATURES SUCH AS FLOODPLAINS, WETLANDS, EASEMENTS, AND DRAINAGEWAYS SHALL BE SUBMITTED WITH THIS APPLICATION.**

**UNTIL SUCH A PLAN IS SUBMITTED, THIS APPLICATION SHALL NOT BE CONSIDERED COMPLETE AND SHALL NOT BE PROCESSED.**

If possible, use the reverse side of this application to indicate the size of the lot, the location of structures on the lot, dimensions of structures, and all property setbacks.

I am aware that I cannot occupy the Property for the purpose of conducting the use set forth herein and cannot commence excavation or construction until a Zoning Permit has been issued by Elizabeth Township. I am aware that I cannot change the use of the Property herein until I have applied for and receive a Zoning Permit for such proposed use. *By signing this application, I certify that all facts in the Application and all accompanying documentation are true and correct.* This Application is being made by me to induce official action on the part of Elizabeth Township, and I understand that any false statements made herein are being made subject to the penalties of 18 PA C.S. 4904 relating to unsworn falsification to authorities.

The issuance of a Zoning Permit is based upon the facts stated and representations made in this Application. A Zoning Permit may be revoked if the use and/or structures for which it has been issued violates any applicable Township, County, State or Federal law or regulation, including, but not limited to the Elizabeth Township Zoning Ordinance. This Permit may also be revoked if it has been issued in error or if the issuance was based upon any misrepresentations or errors contained in the Application or otherwise made by the Applicant.

The permit holder is advised that persons aggrieved by a use or development permitted on the land of another may file an appeal with the Elizabeth Township Zoning Hearing Board seeking revocation of any permits issued or approvals granted within thirty (30) days from the date of issuance of such permit, or at a later date if such aggrieved person alleges and proves that he had no notice, knowledge or reason to believe that such approval had been given.

Notice is hereby given that if the property described in this permit will require access to a highway under the jurisdiction of the Pennsylvania Department of Transportation, 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 the Highway Occupancy Permit issued by the Pennsylvania Department of Transportation.

The Zoning Officer does not guarantee or give opinions relating to the proposed construction under the Permit and does not warrant compliance with applicable laws or regulations by the issuance of a Zoning Permit. The Applicant bears all responsibility for insuring compliance with all applicable laws and regulations, including, but not limited to compliance with the Elizabeth Township Zoning Ordinance, the Elizabeth Township Storm Water Management Ordinance, the Lancaster County Subdivision and Land Development Ordinance, and Act 222, the Energy Conservation Act. The Applicant acknowledges that he has not relied upon any oral or written statements of officials of Elizabeth Township in making this Application.

I acknowledge that the holder of a Zoning Permit is responsible to insure compliance with all applicable Township ordinances during and at the completion of work authorized by the Zoning Permit. I acknowledge that the Township requires that a final inspection be performed by the Zoning Officer and that the Zoning Officer issue a Certificate of Use and Occupancy before the structure which is authorized by this permit may be occupied. It is my responsibility to insure that this inspection is scheduled and the Certificate of Use and Occupancy of this structure prior to the issuance of the Certificate of Use and Occupancy, I will have committed a violation of the Zoning Ordinance and will be subject to the penalties and remedies in the Zoning Ordinance. I also acknowledge that, if the structure is occupied prior to the final inspection, work may have to be removed and re-executed in order that it may be adequately inspected. If the Township is required to perform an inspection after the structure is occupied, intending to be legally bound herein, I agree to pay the fee established by the Township for delinquent inspections.

Nothing contained in this application shall be construed to relieve or limit the obligations of the Applicant to comply with all provisions of the Zoning Ordinance or to waive violations of the Zoning Ordinance or any other Township ordinances or to estop the Township from enforcing Township ordinances, including but not limited to the Zoning Ordinance.

**Questions regarding this permit application and the Elizabeth Township Zoning Ordinance may be directed to Barry R. Wagner, Zoning Officer, at (717) 625-0444.**

***I hereby authorize the designated Elizabeth Township official to investigate, inspect, and examine the property set forth herein, including land and structures, to determine compliance with the Elizabeth Township Zoning Ordinance and to determine the accuracy of the statements contained herein.***

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

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

**THIS PAGE IS FOR TOWNSHIP USE**

Permit Number: \_\_\_\_\_

Date Received: \_\_\_\_\_

Notes/Observations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Zoning Permit Approved: \_\_\_\_\_ Zoning Permit Denied: \_\_\_\_\_

By: \_\_\_\_\_  
Zoning Officer

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

\_\_\_\_\_

\_\_\_\_\_

Permit Fee: \_\_\_\_\_

Date Paid: \_\_\_\_\_

Check No.: \_\_\_\_\_

# Application for Building Permit and Plans Examination

Elizabeth Township, 423 South View Drive, Lititz, PA 17543, Phone 717-626-4302, Fax 717-626-0102

**NOTE:** The Elizabeth Township Board of Supervisors has appointed two agencies to administer and enforce the Uniform Construction Code. It is the permit applicant's responsibility to select and identify one of the agencies below that would perform the plan review and the required inspections during the construction process. Three (3) sets of plans are required for all submissions. Additional information is provided on the last sheet of this application.

**SELECT ONE:**

Associated Building Inspections, Inc.  
Lincoln Office Building  
1248 West Main Street, Suite 23  
Ephrata, PA 17522  
Telephone: (717) 733-1654

Code Administrators, Inc.  
4340 Oregon Pike  
Ephrata, PA 17522  
Telephone: (717) 859-3350

<b>Office Use Only</b>	<b>Residential Permit</b>	<b>Commercial Permit</b>
Permit # _____	<input type="checkbox"/>	<input type="checkbox"/>

**Location of Project**

Address _____
Intended Use _____

**Owner of Record**

Name of Owner _____
Address of Owner _____
City _____ State _____ Zip Code _____ Phone No. _____


**Project Information**

<input type="checkbox"/> New Building	<input type="checkbox"/> Addition	<input type="checkbox"/> Alteration	<input type="checkbox"/> Repair	<input type="checkbox"/> Demolition	<input type="checkbox"/> Relocation
<input type="checkbox"/> Foundation Only	<input type="checkbox"/> Change of Use	<input type="checkbox"/> Plumbing	<input type="checkbox"/> Electrical	<input type="checkbox"/> Mechanical	
Brief Description of Project _____					
_____					
Cost of Construction _____			Square Footage _____		

The applicant certifies that all information on this application is correct and the work will be completed in accordance with the 'approved' construction documents and PA Act 45 (Uniform Construction Code) and any additional approved building code requirements adopted by the Municipality. The property owner and applicant assumes the responsibility of locating all property lines, setback lines, easements, rights-of-way, flood areas, etc. Issuance of a permit and approval of construction documents shall not be construed as authority to violate, cancel or set aside any provisions of the codes or ordinances of the Municipality or any other governing body. The applicant certifies he/she understands all the applicable codes, ordinances and regulations.

Applicant for a permit shall be made by the owner or lessee of the building or structure, or agent of either or by the registered design professional employed in connection with the proposed work.

I certify that the code official or 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 understand that I am responsible for any plan review fees or any additional inspection fees, which may be required during construction, that were not outlined during the initial permit approval. I understand that all fees must be paid in full before a certificate of occupancy can be issued. I agree that I am responsible for any fees incurred in reviewing proposed projects that I choose not to pursue.

SIGNATURE  
REQUIRED 

**Applicant Signature** \_\_\_\_\_

**Applicant Printed Name** \_\_\_\_\_ **Date** \_\_\_\_\_

**RESOLUTION 6 –2014**  
*(revised and effective 7-7-14)*

**Zoning Permit Fees**

*Minimum Processing Fee for any Zoning Permit Application.....\$30.00*

**Plus:** Above-ground pools.....20.00  
Above-ground pools with decking .....25.00  
In-ground pools .....100.00  
Decks and Patios on grade ..... 25.00  
Sheds and Accessory Structures 150 sq. ft. to 500 sq. ft. .... 30.00  
(under 150 sq. ft. – no additional fee)  
Permanent Signs and Billboards  
Up to 4 sq. ft. – no additional fee  
Over 4 sq. ft. ....50.00

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**New Construction and Structural Additions**  
**(including accessory structures over 500 sq. ft.)**

*Minimum Processing Fee for any Permit Application .....30.00*

**Plus:** \$.50 per sq. ft. of usable space

**Agricultural Structures**  
**(excluding single family dwellings)**

*Minimum Processing Fee for any Permit Application .....\$30.00*

**Plus:** \$.15 per sq. ft. of usable space

**Remodeling**

*Minimum Processing Fee for any Permit Application .....30.00*

**Plus:** Dollar Value: Under \$1,000.00 - no additional fee  
\$1,000.00 and above - \$5.00 per thousand

**Other Permits**

Sewage Permits – see Sewage Enforcement Officer for specific costs

Driveway Permit

Township Road ..... \$30.00

State Road – contact PA Department of Transportation at 299-7621

Highway Occupancy Permit ..... \$50.00

Inspection ..... \$25.00

Storm Water Management Permits

Small Project Application ..... \$150.00

Exemption Application ..... \$ 50.00

Waiver/Modification Request .....\$ 50.00

Minor Plan Application (with additional escrow deposit) ..... \$100.00

Major Plan Application (with additional escrow deposit) ..... \$100.00

(may be additional inspection costs)

Water Feasibility Study ..... \$150.00

**Contractor Information:**

**General Contractor**

General Contractor _____
Address _____
Phone _____ Fax _____ Mobile/Cell _____

**Framing Contractor:**

Framing Contractor _____
Address _____
Phone _____ Fax _____ Mobile/Cell _____

**Electrical Contractor:**

Electrical Contractor _____
Address _____
Phone _____ Fax _____ Mobile/Cell _____

**Plumbing Contractor:**

Plumbing Contractor _____
Address _____
Phone _____ Fax _____ Mobile/Cell _____

**Heating Contractor:**

Heating Contractor _____
Address _____
Phone _____ Fax _____ Mobile/Cell _____

**Foundation Contractor:**

Foundation Contractor _____
Address _____
Phone _____ Fax _____ Mobile/Cell _____



**901(B) ELECTRICAL EXEMPTION AFFIDAVIT**

Applicant: \_\_\_\_\_

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

Religious Sect: \_\_\_\_\_

I, \_\_\_\_\_ do hereby affirm that I am a member of the \_\_\_\_\_ religious sect which has established tenets or teachings which conflict with the electrical provision of the Uniform Construction Code, and that as a member of the \_\_\_\_\_, I adhere to the established tenets or teachings. I further affirm that the residential structure on the above mentioned property will be used solely as a residence for myself and my household. I understand that in receiving an exemption for a dwelling unit under Section 901(B) of the Act and subsequently sell or lease the dwelling unit, I shall bring the dwelling unit into compliance with the provisions of the Uniforms Construction Code for which this exemption is granted.

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

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_.

Signature of Notary: \_\_\_\_\_

(Notary Seal)

Code Administrator Approval:

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