

ELIZABETH TOWNSHIP

423 South View Drive

Lititz, PA 17543

Telephone: (717) 626-4302

Fax: (717) 626-0102

ZONING/BUILDING CONSTRUCTION PERMITS
INFORMATION & PROCEDURES

1. The applicant must complete the Zoning Permit application for all proposals.
2. The Application for Building Permit and Plans examination must be completed if the proposal requires approval under the Uniform Construction Code (UCC).
3. The applicant must determine which of the two code enforcement agencies are to perform the plan review and provide all inspection services during the construction process. The Elizabeth Township Board of Supervisors has appointed Associated Building Inspections, Inc. (ABI) and Code Administrators, Inc. (CAI) to perform *all* building/construction plan reviews and inspections for Elizabeth Township which include inspections for footers, foundation, framing, electrical, plumbing and heating components, and final inspections/certificates of occupancy for a project.
4. If the proposal involves approvals under the UCC, the applicant shall
 - A. Indicate on the Application for Building Permit and Plans Examination which of the two code enforcement agencies listed on the application will be performing the plan review and required inspections, and
 - B. Include three (3) copies of all plans and supportive documentation as may be required by the Uniform Construction Code.
5. The permit application packet shall be submitted to the Elizabeth Township office.
6. The Zoning Officer will review the zoning permit application, and if it complies with the requirements of the Elizabeth Township Zoning Ordinance, he will forward the application to the selected code enforcement agency for review .
7. **Applicants who select ABI will receive the approved permit in the following manner:**
 - A. If the application requires additional information, ABI will provide notification requesting the additional data.
 - B. The applicant will be notified by ABI when the plans are approved and receive instructions for payment for the plan review and required inspections.
 - C. The applicant will then be notified by the Zoning Officer when the application packet is completed and approved, ready for pick-up at the Township office.
8. **Applicants who select CAI will receive the approved permit in the following manner:**
 - A. If the application requires additional information, CAI will provide notification requesting the additional data.
 - B. The applicant shall obtain from CAI two copies of marked plans with inspection and fee schedules. One copy will be designated *AAppllicant Copy.@* One copy will be designated *AMunicipal Copy.@*
 - C. The applicant will return the *AMunicipal Copy@* to the Elizabeth Township office where the Zoning Officer will finalize the application and issue the permit.
5. All review and inspection fees related to the Building/Construction Permit are paid directly to the selected agency. Zoning Permit fees will be paid to the Elizabeth Township office prior to the issuance of the permit.
6. Questions regarding general procedures and those involving specific zoning-related issues should be directed to Barry R. Wagner, Elizabeth Township Zoning Officer, at (717) 625-0444 or via e-mail at brwconsultants@outlook.com.

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 AElizabeth 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

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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.

Contact Barry R. Wagner, Zoning Officer, at (717) 625-0444 or via e-mail to brwconsultants@outlook.com regarding this permit application and the Elizabeth Township Zoning Ordinance.

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: _____

E-mail: _____

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

Code Administrators, Inc.
1525 Oregon Pike, Suite 901
Lancaster, PA 17601
Telephone: (717) 859-3350

Office Use Only	Residential Permit	Commercial Permit
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

9 New Building	9 Addition	9 Alteration	9 Repair	9 Demolition	9 Relocation
	9 Foundation Only	9 Change of Use	9 Plumbing	9 Electrical	9 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.

Applicant Signature _____

SIGNATURE
REQUIRED

Applicant Printed Name _____

Date _____

FOR OFFICIAL USE BELOW THIS LINE

Permit Number _____	<u>TOWNSHIP</u>	<u>Code Official Fees</u>
Const. Plans Submitted _____	Zoning Fee _____	Review Fee _____ \$ _____ = _____
Date Issued: _____	Admin. Fee _____	Inspections _____ \$ _____ = _____
Permit Type _____	PA Training Fee _____	
Use Group _____	TOTAL PAYABLE TO MUNICIPALITY	\$ _____

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 _____

<p>Are any of the <i>International Building Code</i> (Chapter 17) special inspection or structural observations required?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>If "Yes", submit 1 copy of the ABI-6 SPECIAL INSPECTIONS OBSERVATIONS STATEMENT.</p>
<p>Will an alternative construction method or material be used on this project?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>If "Yes", submit a signed statement indicating that the proposed method or material meets the requirements of 34 PA Code §403.44.</p>
<p>Is this application for "temporary certificate of occupancy" (Phased Approval)?</p> <p>A building code official may issue a temporary certificate of occupancy (Phased Approval) for a portion or portions of the building or structure before the completion of the entire work covered by the permit if the portion or portions may be occupied safely. The building code official shall set a time period during which the temporary certificate of occupancy is valid.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>If "Yes", submit a letter signed by the design professional and owner acknowledging that the request for phased construction. For Phased Approval applicant shall indicate total number of phases and describe scope of work for each phase. A plan shall be submitted with an outline defining each phase of the plan. Inspection fees shall be based on a cost per phase. Plan review fees may, depending on level of submittal, cover entire project or each phase only per judgment of plans examiner.</p>
<p>Construction Phase Requiring Certificate of Use & Occupancy</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>Which Phases?</p>

<p>Project Data</p>	<p>Does the project have zoning approval? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Type(s) of construction per Chapter 6 of the <i>International Building Code</i> (check all that apply): <input type="checkbox"/> IA <input type="checkbox"/> IB <input type="checkbox"/> IIA <input type="checkbox"/> IIB <input type="checkbox"/> IIIA <input type="checkbox"/> IIIB <input type="checkbox"/> IV <input type="checkbox"/> VA <input type="checkbox"/> VB</p> <p>Fire suppression: <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None</p> <p>If application applies to an existing building that is "legally occupied," indicate permits held: Fire and Panic Occupancy Permit <input type="checkbox"/> Fire Number: _____ Municipal Occupancy Permit <input type="checkbox"/> Permit Number: _____ Municipality Name: _____ L&I UCC Certificate of Occupancy <input type="checkbox"/> File Number: _____</p> <p>If "legally occupied," you must select which code requirements the building will comply with (choose only one): <input type="checkbox"/> <i>International Existing Building Code</i> <input type="checkbox"/> <i>International Residential Building Code</i></p> <p>Which triennial codes must this work comply with? <input type="checkbox"/> 2009 <input type="checkbox"/> 2012 <input type="checkbox"/> 2015 <input type="checkbox"/> 2018</p>
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Design Professional In Responsible Charge Seal must be in space to right of name and address.	Name: _____
	Address: _____ _____
	PA License #: _____
	E-Mail: _____
	Phone: _____
	Fax: _____

Owner Information	Owner Name: _____
	Street Address: _____
	City: _____ State: _____ Zip Code: _____
	Phone Number: _____ E-mail: _____

Deferred Submissions (Check all that apply)	Are you requesting deferred approval? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Provide a written request on the construction disciplines to be deferred.
	Please check disciplines you wish to defer:
	<input type="checkbox"/> Architectural <input type="checkbox"/> Plumbing <input type="checkbox"/> Structural <input type="checkbox"/> Electrical <input type="checkbox"/> Mechanical <input type="checkbox"/> Fire Protection Systems <input type="checkbox"/> Accessibility <input type="checkbox"/> Energy/Insulation <input type="checkbox"/> Underslab Plumbing <input type="checkbox"/> Underslab Electrical <input type="checkbox"/> Underslab Mechanical <input type="checkbox"/> _____
	Provide three sets of signed and sealed drawings for all those disciplines you wish to construct.

Applicant's Certification:

As the owner or the authorized agent of the project for which this application is filed, I certify that:
 The building or structure described in this application will not be occupied until all known code violations are corrected and a Certificate of Occupancy has been received from the local municipality.
 This project will be constructed in accordance with the approved drawings and specifications (including any required non-design changes) and the Uniform Construction Code standards as specified in 34 PA Code Chapters 401-405.
 Any changes to the approved documents will be filed with Associated Building Inspections LLC and the local municipality.
 When required, up to 20% of the total cost of any work performed on any area of primary function in an existing building will be expended to provide an accessible route to the area of primary function.
 No error or omission in either the drawings and specifications or application, whether approved or not, shall permit or relieve me from constructing the work in any manner other than provided for in 34 PA Code Chapters 401-405 of the Pennsylvania Uniform Construction Code.

Applicant Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Applicant Signature: _____ Date: _____

Applicant E-mail: _____

Applicant is responsible for the payment of ABI fees unless otherwise noted.

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

Zoning Permit Fees

<i>Minimum Processing Fee for any Zoning Permit Application</i>	\$30.00
<u>Plus:</u> 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

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

<i>Minimum Processing Fee for any Permit Application</i>	30.00
<u>Plus:</u> \$.50 per sq. ft. of usable space	

Agricultural Structures
(excluding single family dwellings)

<i>Minimum Processing Fee for any Permit Application</i>	\$30.00
<u>Plus:</u> \$.15 per sq. ft. of usable space...	

Remodeling

<i>Minimum Processing Fee for any Permit Application</i>	30.00
<u>Plus:</u> 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/Fees – Refer to the Fee Schedule Available at the Elizabeth Twp. Office.

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: _____