

**BUILDING • ZONING PERMIT APPLICATION**

**Lancaster Township**

**1240 Maple Avenue**

**Lancaster, PA 17603**

(Hours: Mon – Fri 8:00 a.m. – 4:00 p.m.)

**(717) 291-1213 • Fax (717) 291-6818**

Website: [www.twp.lancaster.pa.us](http://www.twp.lancaster.pa.us)

Contact the Zoning Department office with any questions.

This box **LANCASTER TOWNSHIP OFFICE USE ONLY**

Building Permit #: \_\_\_\_\_

Zoning Permit #: \_\_\_\_\_

Parcel #: \_\_\_\_\_

Date Stamp Received:

**Type of permit you are applying for:**

- BUILDING       ZONING       OTHER \_\_\_\_\_
- BLASTING       DEMOLITION       DRIVEWAY
- FIREWORKS       GRADING       SIGN
- STORM WATER MANAGEMENT

*All applications require plans showing project site & property lines. Building permit applications also require three complete sets of detailed construction drawings.*

Type of App: Residential  Commercial

**SETBACKS: the distance between the building line & any lot property lines per Twp Zoning Districts. Setbacks are required for the following: addition, extension, deck, driveway, garage, shed, pool, & patio.**

SETBACKS: Front yard: \_\_\_\_\_ Side yard: \_\_\_\_\_ Rear yard: \_\_\_\_\_

PROJECT ADDRESS: \_\_\_\_\_

Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_ HOA approval attached: \_\_\_\_\_

PROJECT DESCRIPTION: \_\_\_\_\_

APPLICANT'S NAME: \_\_\_\_\_

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

(Street #)

(City & State)

(Zip Code)

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_ Cell: \_\_\_\_\_

OWNER'S NAME: \_\_\_\_\_

(If different from Applicant)

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

(Street #)

(City & State)

(Zip Code)

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_ Cell: \_\_\_\_\_

Project cost (required): \_\_\_\_\_ Total square ft.: \_\_\_\_\_

Start date: \_\_\_\_\_ Completion date: \_\_\_\_\_

GENERAL CONTRACTOR: \_\_\_\_\_ Contact Name: \_\_\_\_\_

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

(Street #)

(City & State)

(Zip Code)

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Cell: \_\_\_\_\_

**INSURANCE INFORMATION IS REQUIRED – APPLICANT MUST SELECT ONE (1) of the THREE (3) BELOW**

1. INDEPENDENT CONTRACTOR: No employees: Submit notarized Worker's Compensation Insurance Exemption form

2. PRIMARY CONTRACTOR: Provide Certificate of Liability Insurance listing Lancaster Township as the Certificate Holder:

3. PROPERTY OWNER assumes all insurance / liability responsibilities for this permit. Check if applicable:

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

(APPLICATION MUST BE SIGNED & DATED)