

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

Contact the Zoning Department office with any questions.

This box **LANCASTER TOWNSHIP OFFICE USE ONLY**

Building Permit #: _____

Zoning Permit #: _____

Parcel #: _____

Date Stamp Received:

Blank area for date stamp received.

Type of App: Residential Commercial

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.

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)