

**BUILDING • ZONING PERMIT APPLICATION**

Lancaster Township  
1240 Maple Avenue  
Lancaster, PA 17603  
(Hours: Mon – Fri 8:00 a.m. – 4:00 p.m.)  
**(223) 221-7515**

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

*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: \_\_\_\_\_ Fax: \_\_\_\_\_ 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)**