

NORTH CODORUS TOWNSHIP
1986 Stoverstown Road, Spring Grove, Pa 17362
Phone #: (717) 225-4812 Fax #: (717) 225-5986

PERMIT # _____

DATE: _____

ZONING PERMIT APPLICATION

PROPERTY INFORMATION

TAX MAP: _____

SITE ADDRESS: _____

PARCEL #: _____

ZONE: AGRICULTURAL PROTECTED _____ RURAL AGRICULTURAL CONSERVATION _____
MIXED USE _____ RESIDENTIAL-1 _____ RESIDENTIAL-2 _____
RESIDENTIAL-3 _____ VILLAGE CENTER _____ HIGHWAY COMMERCIAL _____
INDUSTRIAL _____

SUBDIVISION: _____

LOT #: _____

OWNER INFORMATION

NAME: _____ PHONE #: _____

ADDRESS: _____

EMAIL: _____ CELL PHONE #: _____

CONTRACTOR INFORMATION

NAME: _____ PHONE #: _____

ADDRESS: _____

EMAIL: _____ CELL PHONE #: _____

IMPROVEMENT INFORMATION

IMPROVEMENT TYPE: (Check all that is applicable and describe below)

NEW CONSTRUCTION _____ REPAIR/REPLACE _____ ADDITION _____

ALTERATION _____ DEMOLITION _____ SIGN _____

DESCRIPTION OF WORK: _____

ESTIMATED MARKET VALUE @ \$100 / SQ FT: \$ _____

BUILDING AREA IN SQ FT: _____ NUMBER OF STORIES: _____

OTHER PERMITS REQUIRED

SEWAGE PERMIT #: _____

DRIVEWAY PERMIT #: _____

SITE PLAN

* PLEASE ATTACH A SITE PLAN SHOWING LOT LINES, EASEMENTS, DIMENSIONS OF THE PROJECT AND ALL EXISTING FEATURES OF YOUR PROPERTY [WELL, SEPTIC, SWIMMING POOLS, ALL OUT BUILDINGS, ETC,]

CERTIFICATION

I hereby certify that I am the owner of record of named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner of record to make this application as his/her authorized agent. I understand and assume responsibility for the establishment of official property lines for the required setback prior to the start of construction, and agree to conform to all applicable laws of this jurisdiction. I further certify that this information is true and correct to the best of my knowledge.

APPLICANT SIGNATURE: _____ DATE: _____

ZONING INFORMATION

LOCAL STREET: PAVED _____ TWP _____ STATE _____ PRIVATE _____

BUILDING SETBACK: FRONT: _____ SIDE: _____ REAR: _____

STORMWATER MANAGEMENT PLAN: _____

EROSION & SEDIMENT CONTROL PLAN: _____ CONSERVATION REVIEW: _____

LOT COVERAGE (%): _____ ZONING HEARING APPROVAL REQUIRED: _____

IS THIS PARCEL OF LAND IN A FLOOD PRONE AREA: _____ LOT SIZE: _____

VALIDATION OF PERMIT

(For Department Use Only)

BUILDING PERMIT NUMBER: _____

BUILDING PERMIT ISSUED: _____

BUILDING PERMIT FEE: \$ _____

APPROVED BY: _____
