

BUILDING / ZONING PERMIT APPLICATION

CLAY TOWNSHIP
 870 DURLACH ROAD
 STEVENS PA 17578
 (717) 733-9675

Email: info@claytwp.com Web: www.claytwp.com

TYPE OF USE:

RESIDENTIAL COMMERCIAL AGRICUTURAL

PROJECT/PROPOSED USE DESCRIPTION:

- | | |
|--|---|
| <input type="checkbox"/> DWELLING SINGLE FAMILY | <input type="checkbox"/> ADDITION TO BUILDING |
| <input type="checkbox"/> DWELLING SEMIDETACHED | <input type="checkbox"/> AG USE _____ |
| <input type="checkbox"/> TOWNHOUSE W/ _____ UNITS | <input type="checkbox"/> EXTERIOR ALTERATION |
| <input type="checkbox"/> APARTMENT W/ _____ UNITS | <input type="checkbox"/> INTERIOR ALTERATION |
| <input type="checkbox"/> ATTACHED GARAGE | <input type="checkbox"/> DEMOLITION |
| <input type="checkbox"/> DETACHED GARAGE | <input type="checkbox"/> SIGN |
| <input type="checkbox"/> ACCESSORY BUILDING OVER 1,000SF | <input type="checkbox"/> OTHER _____ |
| <input type="checkbox"/> SHED UNDER 1,000SF | |

IMPROVEMENT COST: _____ **STRUCTURE SQ FOOTAGE:** _____

STRUCTURE WIDTH _____ **DEPTH** _____ **HEIGHT** _____

Brief Description of Project: _____

ALL permit applications require the submittal of two (2) sets of scaled plans, a storm water submittal or exemption form and a **plot plan** of the land showing all dimensions and exact location of existing and proposed structures and/or alterations, setback dimensions for all existing and proposed items on the lot, and the location of sanitary sewer and water supply facilities on the lot.

INSURANCE INFORMATION IS REQUIRED – APPLICANT MUST CIRCLE ONE:

1. INDEPENDENT CONTRACTOR: no employees; submit notarized Worker’s Compensation Insurance Exemption form
2. PRIMARY CONTRACTOR: provide Certificate of Liability Insurance listing Clay Township as the Certificate Holder
3. PROPERTY OWNER: assumes all insurance/liability responsibilities for permit

LOCATION OF PROPERTY _____

TAX PARCEL # _____

SUBDIVISION OR DEVELOPMENT _____

PROPERTY OWNER _____

ADDRESS _____

PHONE _____ EMAIL _____

The Township will continue to do all zoning reviews and zoning permit issuance. The Township has contracted with the following Third Party Agencies for residential and commercial building permits. The one you pick will do the plan review and inspections as required by the PA UCC Building Codes.

The Third Parties Agencies are as follows, please pick one:

- ABI, Associated Building Inspections, Ephrata PA (www.weknowcodes.com)
- BIU, Building Inspection Underwriters, Denver PA (www.biupa.com)
- CCI, Commonwealth Code Inspectors, Manheim PA (www.codeservices.net)

GENERAL CONTRACTOR _____

ADDRESS _____

PHONE _____ EMAIL _____

FRAMING CONTRACTOR _____

ADDRESS _____

PHONE _____ EMAIL _____

ELECTRICAL CONTRACTOR _____

ADDRESS _____

PHONE _____ EMAIL _____

PLUMBING CONTRACTOR _____

ADDRESS _____

PHONE _____ EMAIL _____

HEATING CONTRACTOR _____

ADDRESS _____

PHONE _____ EMAIL _____

FOUNDATION CONTRACTOR _____

ADDRESS _____

PHONE _____ EMAIL _____

Acknowledgement – I declare that I am the property owner, or representative of the owner, or authorized representative of the owner, and that the information provided is true and accurate to the best of my knowledge. I understand that false information may result in a stop work order or revocation of permit. Municipal representatives are also granted reasonable access to the property for review and/or inspection of this project if necessary.

APPLICANTS PRINTED NAME: _____

APPLICANTS SIGNATURE: _____ **DATE:** _____

APPLICANTS AFFLIATION IF NOT THE OWNER: _____

TOWNSHIP USE ONLY

PROPERTY ZONED: _____

REQUIRED SETBACKS: FRONT _____ SIDE _____ REAR _____

APPLICATION MEETS ZONING REQUIREMENTS: APPROVED () DENIED ()

DATE: _____ ZONING OFFICER SIGNATURE: _____

| | |
|-------------------------|-------|
| ZONING PERMIT FEES: | _____ |
| PCCA ADMIN FEE: | _____ |
| TOTAL FEE DUE TOWNSHIP: | _____ |