

WEST LAMPETER TOWNSHIP

852 VILLAGE ROAD, BOX 237
LAMPETER, PENNSYLVANIA 17537-0237
717-464-3731 FAX-717-464-5047



Received Date Stamp:

Permit Expires on: ZONING / BUILDING PERMIT APPLICATION

Zoning Permit No.: **WL2023-BZR-** _____

PART 1 - INSTRUCTIONS

The following items are required to apply for a West Lampeter Township Zoning / Building Permit. Failure to submit the required items may result in permit denial.

1. All applications with drawings or attachments greater than 11" x 17" must also submit a digital copy of the application and attachments.
2. Provide Certificate of Insurance showing Worker Comp Coverage and listing West Lampeter as certificate holder (\$1,000,000.)
3. The Property Use, existing and proposed, must be noted in this application. "Use" is per the definition in the West Lampeter Township Zoning Ordinance.
4. If Agricultural use, submit copy of approved Conservation Plan and current inspection from Lancaster County Conservation District. If agricultural building exemption is sought, attach completed Ag Building Exemption Form.
5. Applicant must obtain Stormwater Management, Sanitary Sewer, Water, and Highway permits, if required.
6. Fees for issuing a Permit will be collected when the Permit is issued.
7. No application will be accepted which is incomplete and/or does not include the required plans.
8. Township Code Officials may enter a building, structure or parcel during normal business hours or at a time agreed to by owner or owner's agent to perform inspections or to enforce the Uniform Construction Code.

PART 2 - TYPE OF WORK

- | | | |
|--|---|--|
| <input type="checkbox"/> New Single Family Dwelling Unit | <input type="checkbox"/> Swimming Pool \geq 24" of water | <input type="checkbox"/> Ag Exempt Building |
| <input type="checkbox"/> Finish Basement | <input type="checkbox"/> In-ground pool | <input type="checkbox"/> Ag-related business |
| <input type="checkbox"/> Building Addition | <input type="checkbox"/> Detached building \geq 400-sf | <input type="checkbox"/> Change in Use / New Use |
| <input type="checkbox"/> Interior Renovation | <input type="checkbox"/> Deck - over 30" above grade | <input type="checkbox"/> Accessory Dwelling Unit |
| <input type="checkbox"/> Demolition | <input type="checkbox"/> Deck - walking surface \leq 30" a.g. | <input type="checkbox"/> Street Dumpster |
| <input type="checkbox"/> Electrical | <input type="checkbox"/> Fence | <input type="checkbox"/> Road /Sidewalk Opening |
| <input type="checkbox"/> Plumbing | <input type="checkbox"/> Pool Fence (UCC requirements) | <input type="checkbox"/> Home Occupation - light |
| <input type="checkbox"/> Mechanical / HVAC | <input type="checkbox"/> Driveway expansion or repaving | <input type="checkbox"/> Home Occupation - general |
| <input type="checkbox"/> Solar or Wind Energy | <input type="checkbox"/> Shed (under 400-sf) | |
| <input type="checkbox"/> Hot Tub | <input type="checkbox"/> Patio / Hardscaping | |

OTHER: _____

PART 3 - PROJECT DESCRIPTION & PARCEL INFORMATION

Identify and describe all proposed changes in use, proposed additional buildings and other structures, interior and exterior improvements to existing buildings, building and structure removals, and other site improvements:

Parcel Address:

Lot No.:	NET Lot Size:	SF	Tax Parcel ID Number: 320- _____ - _____
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Permit No.: WL2023-BZR -

Zoning District:	Project Cost:
Existing Use(s) of Property:	Any Easements on the parcel?
Contractor Name:	Federal Identification No:

Attach copy of Certificate of Insurance listing West Lampeter Township as a Certificate Holder.

PART 4 – PROPERTY OWNER INFORMATION & ACCEPTANCE OF RESPONSIBILITY	
Name (person or entity that owns the property where the construction is proposed):	
Street Address (if different than location of proposed work):	
City, State and Zip Code:	
Telephone Number(s):	Email Address:
As the owner of the parcel, I accept all insurance responsibilities for this permit (if Certificate not provided). <input type="checkbox"/>	
As the owner of the parcel or authorized agent, by signing below I am verifying that all information, to the best of my knowledge, is accurate. The property owner is responsible for procuring all other necessary approvals such as HOA approval, PennDOT HOP permits, Sewer & Water permits, etc.	
Signature: _____	Date: _____

PART 5 – APPLICANT or AUTHORIZED AGENT
Name:
Street Address (if different than address(es) provided above):
City, State and Zip Code:

Permit No.: WL2023-BZR -

PART 6 – Contractors Information	
General Contractor Name:	
Street Address:	
City, State, and Zip Code:	
Telephone Number(s):	Email Address:
Framing Contractor Name:	
Scope of Work:	
Phone:	Email:
Electrical Contractor Name:	
Scope of Work:	
Phone:	Email:
Plumbing Contractor Name:	
Scope of Work:	
Phone:	Email:
Heating Contractor Name:	
Scope of Work:	
Phone:	Email:
Foundation Contractor Name:	
Scope of Work:	
Phone:	Email:

Permit No.: WL2023-BZR -

PART 7 – IMPERVIOUS COVERAGE – surfaces are those that will not allow or will greatly reduce the penetration of water into the ground.								
	House	Garage	Driveway	Shed or Barn	Pool	Deck/Patio	Walkways	Other Impervious
Existing								
Proposing								

PART 8– ZONING PERMIT APPROVAL (to be completed by West Lampeter Township)		
Approved <input type="checkbox"/> Denied <input type="checkbox"/>		
Conditions of Approval/Reasons for Denial:		
<hr/> <hr/>		
<hr/> Zoning Officer	<hr/> Signature	<hr/> Date
<hr/> Fees Paid	<hr/> Check Number	<hr/> Received By/Date

BUILDING ZONING SITE & PLOT PLANS

The following information must be included on all site and plot plans:

1. Complete set of Residential Building Construction Plans.
2. Adjacent roads and sidewalks.
3. All property lines including their lengths.
4. Property size in acres and square feet.
5. Building setback lines per West Lampeter Township Zoning Ordinance (Chapter 285 dimensional requirements).
6. All existing buildings and other existing improvements, including (but not limited to) driveways, garages, decks, patios, porches, sheds, hot tubs, swimming pools, fences, and any other outbuildings.
7. All proposed buildings and other proposed improvements with dimensions to property lines.
8. Existing and proposed on-lot sewage disposal systems.
9. Wells.
10. Forested areas.
11. Watercourses.
12. 100-year floodplain boundary and elevation, if applicable.
13. Public and private easements including their dimensions.



West Lampeter Township

Workers' Compensation Insurance Exemption

Contractor Name:			
Contractor Company:			
Mailing Address:			
Federal or State Employer Identification Number:			
Phone No.:		Date:	

The undersigned swears or affirms that he/she is not required to provide workers' compensation insurance under the provisions of Pennsylvania's workers Compensation Law for one of the following reasons as indicated below:

- Contractor with no employees
- Religious exemption under the Workers' Compensation Law

X _____
Signature

Subscribed and sworn to before me this
____ day of _____, 2023

Notary (seal)

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STORMWATER EXEMPTION PERMIT APPLICATION

Stormwater Permit No: **WL2023-SWE-**_____ associated with Zoning/Building Permit No.: **WL2023-BZ-**

PART 1 – APPLICANT or AGENT

Project Address:

Parcel Owners Name:

Name of person/firm completing the work:

Telephone Number(s):	Email Address:
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PART 2 – PROPOSED ACTIVITY MUST BE 1,000 SF OR LESS SINCE MAY 12, 2014

Will existing impervious be removed as part of this project?
 IF yes, what is being removed and what is the total impervious to be removed please provide square footage?

Total area of Land Disturbance, this includes removing ground cover, filling or excavating.

Provide existing square footage for each of the following:

	House	Garage	Driveway	Shed or Barns	Pool	Deck/Patio	Walkways	Other Impervious
Existing								
Proposed								

Will any of the following be impacted by this project?
 Easements; Floodplain; Wetlands; Slopes greater than 15%; Bedrock (within 6' of surface); Riparian Forest Buffer; Downstream Parcels; Existing know stormwater problem areas; natural water flow paths (streams, ponds, swales)
 If yes describe:

PART 3 – WEST LAMPETER APPROVAL

Approved Denied

Conditions of Approval/Reasons for Denial:

Carol Moulds		
SW Officer	Signature	Date