

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 FOR COMMERCIAL PERMITS

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

PART 1 - INSTRUCTIONS
<p>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.</p> <ol style="list-style-type: none"> 1. A complete application will include a West Lampeter & Code Administrators application, (2) copies of all attachments along with a digital copy. 2. Plans must be signed and stamped by a professional. 3. Provide Certificate of Insurance showing Worker Comp Coverage and listing West Lampeter as certificate holder (\$1,000,000.) 4. The Property Use, existing and proposed, must be noted in this application. "Use" is per the definition in the West Lampeter Township Zoning Ordinance. 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. 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 – PROJECT DESCRIPTION & PARCEL INFORMATION	
<p>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:</p>	
<p>Name and Date of the approved Land Development Plan.</p>	
<p>Parcel Address:</p>	
<p>Lot No.:</p>	<p>NET Lot Size: SF</p>
<p>Tax Parcel ID Number: 320- _____ - ____ - _____</p>	
<p>Zoning District:</p>	<p>Project Cost:</p>
<p>Existing Use(s) of Property:</p>	<p>Any Easements on the parcel?</p>
<p>Contractor Name:</p>	<p>Federal Identification No:</p>

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PART 3 – 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:
<p>As the owner of the parcel, I accept all insurance responsibilities for this permit (if Certificate not provided). <input type="checkbox"/></p> <p>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.</p>	
Signature: _____ Date: _____	

PART 4 - APPLICANT OR AUTHORIZED AGENT
Name:
Email Address:
Phone No.:
Street Address:
City, State & Zip Code:

PART 5 - IMPERVIOUS – surfaces are those that will not allow or will greatly reduce the penetration of water into the ground.							
	Structure 1	Structure 2	Structure 3	Structure 4	Parking Lot	Walkways	Other Impervious
Existing							
Proposing							

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PART 6– 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/> <hr/>		
_____ Zoning Officer	_____ Signature	_____ Date
_____ Fees Paid	_____ Check Number	_____ Received By/Date



Code Administrators Inc

1525 Oregon Pike Suite 901
Lancaster, PA 17601
T: 717-859-3350 F: 717-859-3363
www.CodeAdministrators.com

Application for Commercial Building Permit and Plans Examination

Please note that the following are required to be submitted with this application:

- Two (2) Sets of Site Plans
- Two (2) Complete Sets of Stamped & Signed Construction Drawings
- Two (2) Sets of Specifications

When Possible an Additional Digital Submission of Construction Documents is Requested

Property Information

Project Address		City	Zip
Owner's Name	Phone	Fax	Email
Owner's Address	City	State	Zip

Scope of Project

Description of Work: _____

Cost of Construction	Square Feet	Stories Above Grade	Stories Below Grade
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Check ALL That Apply:

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> New Building | <input type="checkbox"/> Addition | <input type="checkbox"/> Interior Alterations | <input type="checkbox"/> Exterior Alterations |
| <input type="checkbox"/> Change in Use | <input type="checkbox"/> Accessibility | <input type="checkbox"/> Change in Occupancy | <input type="checkbox"/> Fire Sprinkler System |
| <input type="checkbox"/> HVAC | <input type="checkbox"/> Plumbing | <input type="checkbox"/> Electrical | <input type="checkbox"/> Fire Alarm System |
| <input type="checkbox"/> Sign | <input type="checkbox"/> Demolition | <input type="checkbox"/> Foundation Only | <input type="checkbox"/> Roof |

Construction Type:	IA <input type="checkbox"/>	IIA <input type="checkbox"/>	IIIA <input type="checkbox"/>	VA <input type="checkbox"/>	IV <input type="checkbox"/>	IB <input type="checkbox"/>	IIB <input type="checkbox"/>	IIIB <input type="checkbox"/>	VB <input type="checkbox"/>
Use Group:	A-1 <input type="checkbox"/>	A-2 <input type="checkbox"/>	A-3 <input type="checkbox"/>	A-4 <input type="checkbox"/>	A-5 <input type="checkbox"/>	B <input type="checkbox"/>	E <input type="checkbox"/>	F-1 <input type="checkbox"/>	F-2 <input type="checkbox"/>
	H-1 <input type="checkbox"/>	H-2 <input type="checkbox"/>	H-3 <input type="checkbox"/>	H-4 <input type="checkbox"/>	H-5 <input type="checkbox"/>	I-1 <input type="checkbox"/>	I-2 <input type="checkbox"/>	I-3 <input type="checkbox"/>	I-4 <input type="checkbox"/>
	M <input type="checkbox"/>	R-1 <input type="checkbox"/>	R-2 <input type="checkbox"/>	R-3 <input type="checkbox"/>	R-4 <input type="checkbox"/>	S-1 <input type="checkbox"/>	S-2 <input type="checkbox"/>	U <input type="checkbox"/>	

Phased Project / Deferred Submittals	(If not needed for project, write N/A)
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Please note the following regarding Phased Projects and Deferred Submittals:

- **Work can only be done on reviewed and approved construction documents.**
- **Construction documents for total building approval must be submitted and reviewed before any additional construction can occur.**
- **This limited approval does not guarantee that a permit will be issued for the entirety of the construction project.**
 - **The Applicant assumes all risk.**

I am requesting a Phased Approval. (If checked, please indicate the total number of phases and brief description of the scope of work for each in the space provided below.)

I am requesting a Deferred Approval. (Please check the disciplines you wish to defer and indicate their estimated submittal date in the space provided below.)

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Architectural | <input type="checkbox"/> Structural | <input type="checkbox"/> Accessibility | <input type="checkbox"/> Energy/Insulation |
| <input type="checkbox"/> Electrical | <input type="checkbox"/> Mechanical | <input type="checkbox"/> Plumbing | <input type="checkbox"/> Fire Sprinkler System |
| <input type="checkbox"/> Fire Alarm System | <input type="checkbox"/> Wood Roof Trusses (Stamped and Signed) | | |

Design Professional (This Section must be fully completed prior to permit processing.)

Name	Phone	Fax
Address	City	State Zip
Company	Phone	
Pennsylvania License Number	Email	

Contractor Information

(If not needed for project, write N/A)

General Contractor:

Company Name	Phone	Fax	
Address	City	State	Zip
Contact	Email	Cell	

Electrical Contractor:

Company Name	Phone	Fax	
Address	City	State	Zip
Contact	Email	Cell	

HVAC Contractor:

Company Name	Phone	Fax	
Address	City	State	Zip
Contact	Email	Cell	

Plumbing Contractor:

Company Name	Phone	Fax	
Address	City	State	Zip
Contact	Email	Cell	

Fire Alarm Contractor:

Company Name	Phone	Fax	
Address	City	State	Zip
Contact	Email	Cell	

Fire Sprinkler Contractor:

Company Name	Phone	Fax	
Address	City	State	Zip
Contact	Email	Cell	

Applicant Certification

This Section MUST be Fully Completed.

As the owner, lessee, design professional employed in connection with the proposed work or agents thereof, I certify that:

- All information provided on and with this application is true and correct and that the work will be completed in accordance with the “approved” construction documents and PA Act 45 (Uniform Construction Code) and any additional approved building code requirements adopted by the Municipality;
- I understand that this permit is valid for one (1) year after its issuance by the Municipality;
- I understand that this permit shall become invalid unless the authorized construction work begins within 180 days of this permit’s issuance or if the authorized construction work is stopped for a period longer than 180 days;
- I understand that no work may be started, or continued, unless a permit is issued by, and the fees paid to, the Municipality;
- I understand that, once issued, a copy of this permit will remain on the work site until the completion of this project;
- I understand that a Building Permit Placard shall be placed on the property visible from the street;
- I am responsible for locating all property lines, setback lines, casements, rights-of-way, flood areas, etc.;
- I understand that the issuance of a permit and approval of construction documents shall not be construed as authority to violate, cancel or set aside any provisions of the codes or ordinances of the Municipality or any other governing body;
- I understand all applicable codes, ordinances and regulations;
- Any changes to the approved documents will be submitted in writing and these changes will not occur until they have been reviewed and approved;
- I understand that Code Administrators, Inc., or their authorized representative, shall have the authority to enter areas covered by this permit at any reasonable hour to enforce the provisions of the codes applicable to this permit;
- I understand that I am required to apply for any required Zoning Permits;
- I understand that I am responsible for any plan review fees or any additional inspections fees, which may be required during construction, that were not identified during the initial permit approval; and,
- I understand that all fees must be paid in full before a Certificate of Use and Occupancy can be issued. Should I decide to cancel the project, I agree that I am responsible for any fees incurred in the reviewing process.

Applicant Printed Name	Phone	Email
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Address	City	State	Zip
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Applicant Signature

Date