

HUNTINGTON TOWNSHIP

BOX 247, YORK SPRINGS, PA. 17372

PHONE: 717-528-4027

FAX: 717-528-7052

APPLICATION FOR A BUILDING AND ZONING PERMIT

PERMIT NO. _____

DATE: _____

SITE ADDRESS: _____

SUBDIVISION/LAND DEVELOPMENT: _____ LOT # _____

OWNER: _____

MAILING ADDRESS: _____

PHONE: _____ CELL: _____ EMAIL: _____

IF APPLICANT IS NOT THE PROPERTY OWNER

NAME: _____

MAILING ADDRESS: _____

PHONE: _____ CELL: _____ EMAIL: _____

LOT SIZE: _____ ACRES DEED IS RECORDED IN BOOK _____ ON PAGE _____

(PLEASE ATTACH A COPY OF THE DEED)

HOW IS THE PROPERTY PRESENTLY ZONED: A-C R-A R-S C-I FP

PRESENT USE OF THE PROPERTY: _____

PROPOSED USE OF THE PROPERTY: _____

IS THIS USE PERMITTED IN THIS ZONE? YES NO IF NO, ARE YOU APPLYING FOR A VARIANCE OR A CONDITIONAL USE? YES NO

ARE THERE WETLANDS, A STREAM OR DRAINAGE CHANNEL ON THE PROPERTY? YES NO

WHAT ARE YOU GOING TO BUILD?

A NEW BUILDING ADDITION TO EXISTING BUILDING ALTER AN EXISTING BUILDING

DESCRIBE THE PROPOSED WORK: _____

(ATTACH A DRAWING, PICTURE OR PLANS)

DIMENSIONS: _____ NUMBER OF SQUARE FEET _____

NUMBER OF BEDROOMS: _____ BATHS: _____ SINGLE OR TWO STORY: _____

SIDING MATERIAL: _____ ROOF MATERIAL: _____ FOUNDATION MATERIAL: _____

WATER SERVICE: PUBLIC PRIVATE WELL SEWER: PUBLIC ON SITE: PERMIT # _____

DRIVEWAY: ON STATE ROAD TOWNSHIP ROAD HIGHWAY OCCUPANCY PERMIT # _____

ESTIMATED COST OF CONSTRUCTION (REASONABLE FAIR MARKET VALUE) \$ _____

EMAIL: Huntington@pa.net

ALL NEW CONSTRUCTION OVER 1000 SQ. FT. REQUIRES A STORM WATER MANAGEMENT PLAN.

NAME OF ENGINEER _____ LIC. NO. _____

STORM WATER PLAN APPROVED BY TOWNSHIP ENGINEER? YES NO

WILL THE BUILDING SETBACKS COMPLY WITH THE TOWNSHIP ZONING ORDINANCE: YES NO

IS THE BUILDING SITE LOCATED IN AN IDENTIFIED FLOOD HAZARD AREA? YES NO

WILL ANY PORTION OF THE FLOOD HAZARD BE DEVELOPED? YES NO

WHO WILL BUILD IT?

CONTRACTOR'S NAME: _____

MAILING ADDRESS: _____

PHONE: _____ CELL _____ EMAIL _____

CONTRACTOR'S REGISTRATION NUMBER: _____

ATTACH CERTIFICATE OF INSURANCE FOR LIABILITY AND WORKMAN'S COMPENSATION COVERAGE: YES

DRAW A PICTURE OF YOUR LOT SHOW THE DIMENSIONS AND SHAPE OF THE LOT. DIMENSIONS OF ALL BUILDINGS, THEIR LOCATIONS AND LOCATIONS OF PROPOSED BUILDINGS, ADDITIONS, DRIVEWAYS ETC. AND SETBACKS. IF APPLICABLE, ALL ACTUAL OR PROPOSED OFF STREET PARKING SPACES, LOADING BERTHS, DIMENSIONS OF PARKING SPACES AND TOTAL PARKING AREA.

NO PERMIT WILL BE ISSUED WITHOUT THE ABOVE INFORMATION, DRAWINGS, PLANS, DEEDS, CERTIFICATES OF INSURANCE AND PERMITS.

THE APPLICANT CERTIFIES THAT ALL INFORMATION ON THIS APPLICATION IS CORRECT AND THE WORK WILL BE COMPLETED IN ACCORDANCE WITH THE "APPROVED" CONSTRUCTION DOCUMENTS AND PA ACT 45 (UNIFORM CONSTRUCTION CODE). THE PROPERTY OWNER AND APPLICANT ASSUMES THE RESPONSIBILITY OF LOCATING ALL PROPERTY LINES, SETBACK LINES, EASEMENTS, RIGHTS OF WAY, FLOOD AREAS ETC. 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. THE APPLICANT CERTIFIES HE/SHE UNDERSTANDS ALL THE APPLICABLE CODES, ORDINANCES AND REGULATIONS.

APPLICATION FOR A PERMIT SHALL ONLY BE MADE BY THE OWNER OR LESSEE OF THE PROPERTY OR AUTHORIZED AGENT.

I/WE CERTIFY THAT THE CODE ADMINISTRATOR OR THE CODE ADMINISTRATOR'S AUTHORIZED REPRESENTATIVE SHALL HAVE THE AUTHORITY TO ENTER AREAS COVERED BY SUCH PERMIT AT ANY REASONABLE HOUR TO ENFORCE THE PROVISIONS OF THE CODE(S) APPLICABLE TO SUCH PERMIT.

I/WE THE BELOW SIGNED APPLICANT (S), ATTEST TO THE TRUTH AND EXACTNESS OF THE ABOVE INFORMATION. I/WE UNDERSTAND THAT THE ABOVE INFORMATION WILL BE RELIED UPON BY THE ZONING OFFICER IN THE ISSUANCE OF ANY ZONING AND OR BUILDING PERMITS AND THAT FALSE INFORMATION OR THE FAILURE TO ADHERE TO THE PROPOSED PLAN MAY RESULT IN THE REVOCATION OF THESE PERMITS AS WELL AS OTHER APPROPRIATE ACTION UNDER THE HUNTINGTON TOWNSHIP ORDINANCES AND THE LAWS OF THE COMMONWEALTH OF PENNSYLVANIA.

DATE: _____

SIGNATURE OF OWNER(S) OR AUTHORIZED AGENT _____

PRINT NAME (S)

NOTE: IF COST OF THIS PROJECT EXCEEDS \$ 2,500.00, YOU ALSO NEED AN ADAMS COUNTY BUILDING PERMIT AVAILABLE FROM THE ASSESSOR'S OFFICE. PHONE: 337-9837

DO NOT WRITE BELOW THIS LINE

DOES THIS PROJECT REQUIRE INSPECTION UNDER THE U.C.C. YES NO IF NO,

WHY? _____

APPROVED BY:

Gus Fridenvalds, B.C.O.

DATE: _____

FEES:

ZONING PERMIT	\$ 50.00	
BUILDING PERMIT	10.00	
LIVING SPACE	_____	SQ. FT. X .02
NON-LIVING SPACE	_____	SQ. FT. X .01
ADMIN FEE FOR UCC	_____	\$15.00
OCCUPANCY PERMIT	_____	\$ 25.00
DRIVEWAY PERMIT	_____	\$ 25.00 (RESIDENTIAL)
STATE FEE	_____	\$ 4.50

_____ **SUB-TOTAL**

_____ **BUILDING INSPECTORS FEE**

_____ **TOTAL**

