



1840 Municipal Drive Lancaster, PA 17601-4105
 (717) 569-6406 ext. 6 Fax (717) 560-4183
 codecompliance@manheimtownship.org
 www.manheimtownship.org

Permit Code: _____ Permit No: _____

APPLICATION FOR ZONING REVIEW, BUILDING PLAN EXAMINATION AND BUILDING PERMIT

Please use ball point pen and press hard

"I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as an authorized agent and I agree to conform to all Manheim Township Ordinances as well as all statutes and regulations of the Commonwealth of Pennsylvania, including compliance by all sub-contractors with the Pennsylvania Worker's Compensation reform Act of 1993."

 Signature of Property Owner or Authorized Agent's
 (Permit Applicant)

 Printed Name of Property Owner or Authorized Agent

Project Address: _____

Contact Name: _____ **Contact #:** _____ **e-mail:** _____
Applicant is: Owner Contractor Architect/Engineer Tenant Other _____

Property Owner (at time of application) No P.O. Boxes

Name: _____ **Address:** _____

Tenant Name (if applicable): _____ **City:** _____ **St.** _____ **Zip** _____

Contractor No P.O. Boxes PA Home Improvement Contractor's Registration No. _____

Name: _____ **Work #:** _____ **ext.** _____

Address: _____ **Fax #:** _____ **Cell #:** _____

City: _____ **St.** _____ **Zip** _____ **e-mail:** _____

Architect/Engineer No P.O. Boxes

Name: _____ **Work #:** _____ **ext.** _____

Address: _____ **Fax #:** _____ **Cell #:** _____

City: _____ **St.** _____ **Zip** _____ **e-mail:** _____

USE OF STRUCTURE (Check One)
 Single Family Multi-Family # of Units _____ of _____ Hotel, Motel, Dormitory # of Units _____
 Non-Residential (Describe) _____

DESCRIPTION OF WORK (Check All Spaces That Apply)
 New Building Addition Alteration Repair/Replace Demolition
 Porch Attached Garage Detached Garage Deck Shed/Outbuilding
 Above-ground Swimming Pool In-Ground Swimming Pool Interior Hot Tub/Spa Exterior Hot Tub/Spa Other: _____ (Describe)
 Photovoltaic

WORK WILL INCLUDE: (Check All Spaces That Apply)
 Energy/Insulation Electrical Plumbing HVAC
 Fire Protection System (Type) _____ Other (Describe) _____

Subdivision: _____ **Total Project Square Footage:** _____ **No. of Stories:** _____
Lot #: _____ **Total Project Dollar Value:** _____ **Structure Height:** _____

FOR OFFICE USE ONLY

Building Fee: _____ **UCC Fee:** _____ **Zoning Review Fee:** _____ **Impact Fee:** _____
Water Fee: _____ **Fire Fund:** _____ **Sewer Permit #:** _____ **Water Permit #:** _____
Parcel #: _____ **Zoning Review By:** _____ **Zoning Approval Date:** _____
Zoning District: _____ **Zoning Comments:** _____

Code Compliance Review By: _____ **Code Compliance Approval Date:** _____

Description of Work: _____