



Department of Planning and Zoning

1840 Municipal Drive Lancaster, PA 17601-4162

(717) 569-6406

Fax (717) 560-4183

ZONING PERMIT APPLICATION

PRINT CLEARLY

Date: _____

Permit Number: _____

PROPERTY OWNER'S NAME	PHONE NO.	"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 (Permit Applicant)	
ADDRESS (NO P.O. BOXES)	EMAIL:		
CITY	STATE		ZIP CODE
PROJECT CONTACT	PHONE NO.		
ADDRESS (NO P.O. BOXES)	EMAIL:		
CITY	STATE		ZIP CODE
OWNER ☐ CONTRACTOR ☐ ARCHITECT/ENGINEER ☐ TENANT ☐ OTHER ☐			
TENANT'S NAME (IF DIFFERENT THAN PROPERTY OWNER)	PHONE NO.		
PROJECT ADDRESS:			

Check All That Apply

Will your project require installation of electric, mechanical, or plumbing?

☐ **Yes**
☐ **No**

- ☐ Shed/Gazebo: Size _____ Square Feet _____ Height _____
- ☐ Patio: Size _____ Square Feet _____ Height _____
- ☐ Deck: Size _____ Square Feet _____ Height _____
- ☐ Driveway: Size _____ Square Feet _____
- ☐ Sidewalk: Size _____ Square Feet _____
- ☐ Chickens : How Many _____ Lot Sq. Ft. _____
- ☐ Fence: Height _____
- ☐ Other: _____

Description of Work to be Performed: _____

- The issuance of this permit does not release the applicant from the conditions of any applicable subdivision restrictions, township, state or federal regulations.
- Two site plans and the appropriate fee must be submitted with this application.
- It is the responsibility of the property owner to verify property line boundaries and to ensure site improvements do not encroach on easements, clear site triangles, or other restricted areas.
- All Improvements shall be constructed/placed in accordance with this permit.
- Manheim Township does not attest to the accuracy of the site plan.
- Permit shall become null and void if work is not completed within one year of issue date.
- If no response is received from review comments within 45 days of notification to the contacts listed above, permit will be automatically denied and discarded.
- If paying by check, make checks payable to "Manheim Township Commissioners".

FOR OFFICE USE ONLY

SIGNATURE OF PLANNING & ZONING OFFICIAL _____

Zoning District: _____ Approved by: _____ Date: _____ PW: ☐

☐ Residential \$65.00 ☐ Non-Residential \$90.00 ☐ Cash: _____ ☐ Check No. _____ ☐ CC

Void if Not Validated

Department of Planning & Zoning
1840 Municipal Drive
Lancaster, PA 17601
717-569-6406
www.manheimtownship.org



MT Project No.: _____
Date Received: _____
Application Fee: _____
CityView Permit No: _____

EXEMPTION FROM STORMWATER MANAGEMENT PLAN APPLICATION

Site Address: _____ Lot Size: _____

Applicant: _____ Email: _____

Address: _____ Phone: _____

Owner (if different than Applicant): _____

Email: _____ Phone: _____

Project Description: _____

PLEASE REVIEW the Manheim Township Guidelines for Exemptions & Small Project Stormwater Management Plans, PRIOR TO SUBMITTING THE APPLICATION, for exemption eligibility criteria, site plan requirements, sample documents and submittal instructions.

EXEMPTION TYPE:

☐ Lot was improved with existing structures PRIOR to December 14, 1998, eligible for 1,000 SF exemption:

- 1,000 Sq ft - Impervious surface credit
- + _____ Sq ft - Existing impervious surface coverage installed since December 14, 1998, including impervious surface installed without permitting, if applicable (*the Township can provide this information*)
- + _____ Sq ft - Proposed new impervious surface
- = _____ **Total square feet of impervious surface coverage** - If the total impervious surface coverage will be zero square feet or less, the project may be eligible for an exemption from stormwater management plan processing.

☐ Lot was improved with existing structures built AFTER December 14, 1998, with an approved stormwater management plan allocating maximum impervious surface coverage per lot:

- _____ Sq ft - Total impervious surface coverage allocated by approved SWM plan for the lot
- _____ Sq ft - Existing impervious surface previously installed under approved SWM plan, including impervious surface installed without permitting, if applicable (*the Township can provide this information*)
- = _____ Sq ft of remaining impervious surface allocation "credit"
- _____ Sq ft of proposed new impervious surface
- _____ Sq ft of remaining impervious surface allocation "credit"
- = _____ **Total square feet of impervious surface coverage** - If the total impervious surface coverage will be zero square feet or less, the project may be eligible for an exemption from stormwater management plan processing.

- ☐ **High tunnel (per SWM Ordinance Section 109.1.F.)** – See *Guidelines* for exemption eligibility criteria and application submission information.
- ☐ **Structure for agricultural activities (per SWM Ordinance Section 109.1.H.)** – See *Guidelines* for exemption eligibility criteria and application submission information.

EXEMPTION APPLICATION SUBMISSION CHECKLIST:

- ☐ Completed and signed Exemption Application
- ☐ Completed Zoning Permit or Building Permit Application
- ☐ Site plan and any information necessary to support exemption request. The site plan may be prepared using a computer program or by hand but must contain all existing buildings, structures, and impervious surfaces, dimensions, and proposed impervious surface coverage, and it must be drawn to scale. Plan examples are provided in the *Guidelines*. **Google Earth or other aerial photographs will not be accepted for the Site Plan.**
- ☐ Application Fee: \$50.00 (invoiced at time of Exemption approval)

Representations:

- A. By making a submission under this Ordinance, the applicant acknowledges and agrees that all documents and other information submitted to the Township pursuant to this Ordinance constitute public records within the meaning of the Pennsylvania Right to Know Law, Act 3 of 2008, as amended, and are therefore subject to review and reproduction upon request in accordance with that Law and applicable Township ordinances and resolutions.
- B. By signing this application, Applicant confirms that they are the responsible party for this plan and project and as such, assumes responsibility for paying to the Township the fees for this project permitted by the currently adopted Township Fee Schedule.
- C. The new impervious coverage from the proposed project will be subtracted from the total square footage eligible for future processing as a Small Project Stormwater Management Plan. This plan will be kept in the property file for this address at the Township office.

Signatures:

Signature of Applicant: _____

Print Name: _____ Date: _____

Signature of Owner (if different from Applicant): _____

FOR TOWNSHIP USE ONLY

REMAINING IMPERVIOUS SURFACE COVERAGE EXEMPTION AFTER CONSTRUCTION OF THIS PLAN:

_____ SQ FT

Signature of Planning & Zoning Official

Approval Date: _____

COMMENTS: _____
