



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

"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: _____

Phone Number: _____ City: _____ St. _____ Zip _____

Tenant as Applicable _____ Email: _____

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)

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: _____

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:

– _____ 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 be 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:

SO FT

Approval Date:

Signature of Planning & Zoning Official

COMMENTS: