

WEST MANCHESTER TOWNSHIP

380 East Berlin Road

York, PA 17408

Phone: (717) 792-3505

Fax: (717)792-4374

Email: info@wmtwp.com**CODE ADMINISTRATORS, INC.**

1525 Oregon Pike

Suite 901

Lancaster, PA 17601

Phone: (717) 859-3350

Fax: (717)859-3363

APPLICATION FOR COMMERCIAL UCC PERMIT AND PLANS EXAMINATION**OWNER OF RECORD**

Name of Owner(s) _____
Address of Owner(s) _____ City _____
Phone # of Owner(s) _____ State _____ Zip Code _____
Email Address of Owner(s) _____

LOCATION OF PROJECT

Street Address _____	City _____	State _____	Zip _____
UPI # _____		Zoning District _____	

PROJECT INFORMATION (Check ALL that apply)

<input type="checkbox"/> New Building	<input type="checkbox"/> Addition	<input type="checkbox"/> Int./Exterior Alterations	<input type="checkbox"/> Roof
<input type="checkbox"/> Change In Use	<input type="checkbox"/> Accessibility	<input type="checkbox"/> Change in Occupancy	<input type="checkbox"/> Fire Sprinkler Systems
<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"/> Other
Description of Proposed Work _____			

Estimated Cost of Construction _____			Proposed Height _____
_____			Square Footage _____

APPLICANT'S INFORMATION

Name of Applicant _____
Address of Applicant _____ City _____
Phone # of Applicant _____ State _____ Zip Code _____
Email Address of Applicant _____

CERTIFICATION

I hereby certify that I am the owner of record of the named property, or that I have been authorized by the owner to make this application as his authorized agent. I further agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the code official or the code official'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 hereby swear and affirm that all information provided on this application is true and correct and the actual work will be performed in accordance with the information on this application. I understand that permits can be revoked if issuance violates the zoning ordinance.

SIGNATURE OF APPLICANT _____

DATE _____

ZONING OFFICER APPROVAL**PERMIT #** _____**FOR OFFICAL USE BELOW THIS LINE**

Permit # _____	Township Permit Fee: _____
	Administrative Fee: _____
	Stormwater Fee: _____
Code Administrators, Inc.	Stormwater Recording Fee: _____
Plan Review Fee: _____	CSD Fee: _____
Inspection Fee: _____	Sewer Res. & Cap. Fee: _____
TOTAL: _____	Sewer Connection Fee: _____
	PA UCC (Act 13) Fee: _____
	TOTAL: _____

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Contractor Information – may use additional sheets (if not needed for project, write N/A)

Design Professional	Company _____ Contact Person _____ Scope of Work _____ Address _____ Phone/Mobile _____ Email _____ PA License Number _____ Worker's Comp Certificate Provided <input type="checkbox"/> Yes <input type="checkbox"/> No
General Contractor	General Contractor _____ Scope of Work _____ Address _____ Phone/Mobile _____ Email _____ Worker's Comp Certificate Provided <input type="checkbox"/> Yes <input type="checkbox"/> No
Excavation Contractor	Excavation Contractor _____ Scope of Work _____ Address _____ Phone/Mobile _____ Email _____ Worker's Comp Certificate Provided <input type="checkbox"/> Yes <input type="checkbox"/> No
Concrete Contractor	Concrete Contractor _____ Scope of Work _____ Address _____ Phone/Mobile _____ Email _____ Worker's Comp Certificate Provided <input type="checkbox"/> Yes <input type="checkbox"/> No
Carpentry Contractor	Carpentry Contractor _____ Scope of Work _____ Address _____ Phone/Mobile _____ Email _____ Worker's Comp Certificate Provided <input type="checkbox"/> Yes <input type="checkbox"/> No
Electrical Contractor	Electrical Contractor _____ Scope of Work _____ Address _____ Phone/Mobile _____ Email _____ Worker's Comp Certificate Provided <input type="checkbox"/> Yes <input type="checkbox"/> No
Plumbing Contractor	Plumbing Contractor _____ Scope of Work _____ _____ Twp Registration # _____ Address _____ Phone/Mobile _____ Email _____ Worker's Comp Certificate Provided <input type="checkbox"/> Yes <input type="checkbox"/> No

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Contractor Information – may use additional sheets (if not needed for project, write N/A)

Mechanical Contractor	Mechanical Contractor _____ Scope of Work _____ Address _____ Phone/Mobile _____ Email _____ Worker's Comp Certificate Provided <input type="checkbox"/> Yes <input type="checkbox"/> No
Roofing Contractor	Roofing Contractor _____ Scope of Work _____ Address _____ Phone/Mobile _____ Email _____ Worker's Comp Certificate Provided <input type="checkbox"/> Yes <input type="checkbox"/> No
Masonry Contractor	Masonry Contractor _____ Scope of Work _____ Address _____ Phone/Mobile _____ Email _____ Worker's Comp Certificate Provided <input type="checkbox"/> Yes <input type="checkbox"/> No
Drywall or Lathing Contractor	Drywall/Lathing Contractor _____ Scope of Work _____ Address _____ Phone/Mobile _____ Email _____ Worker's Comp Certificate Provided <input type="checkbox"/> Yes <input type="checkbox"/> No
Sprinkler Contractor	Sprinkler Contractor _____ Scope of Work _____ Address _____ Phone/Mobile _____ Email _____ Worker's Comp Certificate Provided <input type="checkbox"/> Yes <input type="checkbox"/> No
Paving Contractor	Paving Contractor _____ Scope of Work _____ Address _____ Phone/Mobile _____ Email _____ Worker's Comp Certificate Provided <input type="checkbox"/> Yes <input type="checkbox"/> No
Fire Alarm Contractor	Fire Alarm Contractor _____ Scope of Work _____ Address _____ Phone/Mobile _____ Email _____ Worker's Comp Certificate Provided <input type="checkbox"/> Yes <input type="checkbox"/> No
Construction Type	<input type="checkbox"/> 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

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Use Group	<input type="checkbox"/> 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

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)		

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Applicant Certification

This Section MUST be Fully Completed

As the owner, lessee, or 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 if work is not commenced 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, easements, right-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 have reviewed and 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 by an authorized agent of the municipality;
- 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 inspection fees, which may be required during construction, that were not identified during the initial plan 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

Address

City

State / Zip

Applicant Signature

Date

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(West Manchester Township Use Only)

Lot Detail	UPI # _____ Zoning District _____
	Subdivision _____ Use _____
	Front Yard _____ Side Yard _____ Rear Yard _____ Access Drive _____
	ZHB Action/Decision _____ Date _____
	Floodplain Located within Site _____ Yes _____ No _____ Study Done

Notes / Conditions	Easements _____

	Arrears/Liens/Judgements (per Act 90) _____ Yes _____ No
	Public Sewer _____ # of EDUs _____ On Lot System _____
	Public Water _____ Private Water _____
	Project Description _____

	Stipulations/Conditions _____

PennDOT HOP _____ **Issued Date** _____

Zoning Officer Signature _____ **Approval Date** _____

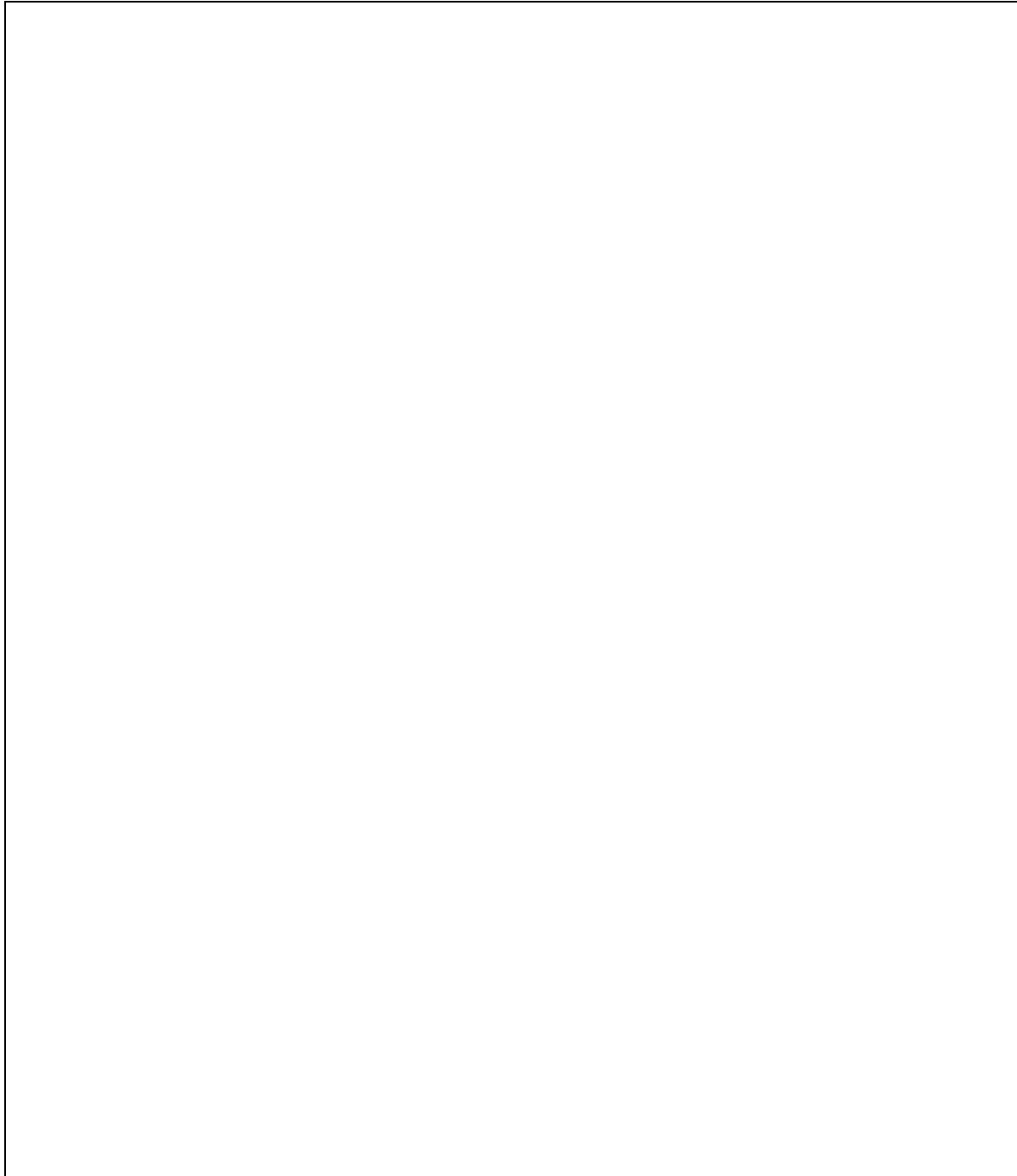
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SITE PLAN

Show ALL property lines, dimensions of existing and proposed structures, driveway access, and setback distances from all property lines. (May supply a separate site plan sheet.)

Plan Scale _____



Permit # _____