

West Manchester Township Application for Zoning Permit

380 East Berlin Road, York, PA 17408

Phone: 717-792-3505

Fax: 717-792-4374

www.westmanchestertownship.com

SITE ADDRESS: _____

OWNER/APPLICANT:

Name: _____ Phone: _____
Address: _____ E-mail: _____

CONTRACTOR:

Name: _____ Phone: _____
Address: _____ E-mail: _____

PA REGISTRATION # _____

TYPE OF WORK OR IMPROVEMENT:

Shed Garage Driveway Sidewalk Temp. Sign
 Fence Special Event Demolition Site Work Trans. Sales
 Patio Deck – under 30" Other: _____

Description of Proposed Work:

SWM Required: _____ Stormwater Inspection: _____

Sq. Ft. Impervious: _____ Stormwater Fee: _____

Proposed Stormwater Management: _____

Estimated Cost of Project: _____

Signature of Applicant or Applicant's Agent: _____ Date: _____

The applicant hereby applies for a zoning permit to be issued by West Manchester Township and hereby certifies, subject to the penalties of 18 PaCSA Section 4904, relating to unsworn falsification to authorities, that the facts set forth in this application are true and correct. The applicant further certifies that the work to be performed will, in all respects, conform to the scope of work set forth in this application. Applicant acknowledges and understands that the Township may revoke any permit issued pursuant to this application if information provided in this application is incorrect or if the scope of work exceeds the information provided in this application. The signature of the applicant or applicant's agent on this application grants permission to the Township and its duly authorized representatives to enter onto the property to inspect the work authorized by the permit issued pursuant to this application.

TOWNSHIP USE ONLY

Tax Map:	Parcel :	Zone:	Date Issued:	Permit No.:
Twp Fee:	Adm. Fee: \$25.00	Sq. Ft.	SW Fee:	Total Cost:

Zoning Stipulation: _____

Zoning Officer: _____

Site Plan