

# West Manchester Township Application for Zoning Permit

380 East Berlin Road, York, PA 17408

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[www.westmanchestertownship.com](http://www.westmanchestertownship.com)

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**SITE ADDRESS:** \_\_\_\_\_**OWNER/APPLICANT:** \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ E-mail: \_\_\_\_\_

**CONTRACTOR:** \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ E-mail: \_\_\_\_\_

**PA REGISTRATION #** \_\_\_\_\_

**TYPE OF WORK OR IMPROVEMENT:**

<input type="checkbox"/> Shed	<input type="checkbox"/> Garage	<input type="checkbox"/> Driveway	<input type="checkbox"/> Sidewalk	<input type="checkbox"/> Temp. Sign
<input type="checkbox"/> Fence	<input type="checkbox"/> Special Event	<input type="checkbox"/> Demolition	<input type="checkbox"/> Site Work	<input type="checkbox"/> Trans. Sales
<input type="checkbox"/> Patio	<input type="checkbox"/> Deck – under 30"	<input type="checkbox"/> Other: _____		

**Description of Proposed Work:**

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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**

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

Zoning Stipulation: \_\_\_\_\_

Zoning Officer: \_\_\_\_\_

## Site Plan

