West Manchester Township Application for Zoning Permit 380 East Berlin Road, York, PA 17408

	Phone: 717-792-3505	Fax: 717	-792-4374 <u>v</u>	ww.westmanchestertow	<u>nship.com</u>
SITE ADDRESS					
OWNER/APPL				Diana	
Name:				Phone:	
Address:			E-mail:		
	:				
Name:	_			Phone:	
Address:			E mail:		
PA REGISTRAT	ΓΙΟΝ #				
TYPE OF WOR	K OR IMPROVEMENT:				
Shed	Garage		Driveway	Sidewalk	Temp. Sign
Fence	Gazebo	-	Demolition	Site Work	Temp. Sales
Patio	Deck – u	under 30"	Other:		
Description of	f Proposed Work:				
SWM Require	d:	ater Inspection:			
Sq. Ft. Imperv	ious:	ater Fee:			
Proposed Stor	mwater Management:				
Estimated Cos	t of Project:				
Signature of A	pplicant or Applicant's Ag	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

Тах Мар:	Parcel :	Zone:	Date Issued:	Permit No.:
Twp Fee:	Adm. Fee: \$10	Sq. Ft.	SW Fee:	Total Cost:

Zoning Stipulation:

Zoning Officer:

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