Sadsbury

ABI No: _____
Date of Receipt: _____

Residential Zoning Permit Application

Must include the Impervious Coverage Worksheet

Please drop off at Sadsbury Township or email to permits@weknowcodes.com

All information must be printed and legible for permit acceptance

General Information:

Property Owner: _____

Address: _____ City: _____ State: _____ Zip: _____

Daytime Phone: ( ) _____-_____ Email: _____

Applicant (If other than the owner): _____

Address: _____ City: _____ State: _____ Zip: _____

Daytime Phone: ( ) _____-_____ Email: _____

Property Address: _____

Tax Parcel ID No. _____ **Zoning District:** _____

Purpose of Permit Request:

New Construction

☐ New Single-Family Dwelling ☐ New Semi-Detached/Duplex ☐ New Townhouse

☐ New Commercial Building ☐ Porches/Deck – covered/uncovered (please circle) ☐ Echo ☐ Dawdy

Alterations or Change of Use

☐ Addition to existing structure ☐ Change of Use – Specify _____

☐ Home Occupation - Must complete and attach Home Occupation Questionnaire

Accessory Structures

☐ Garage/Carport ☐ Attached ☐ Detached ☐ Accessory Storage Structure

☐ Swimming Pool (above ground_____ In-ground_____w/ a capacity of greater than 24" in water depth)

☐ Solar or Wind Energy System

☐ Fence - Specify Height: _____ ☐ Sign – Specify Size: _____ Illuminated / Non-Illuminated

Other: _____

Brief Description of Project: _____

Total Cost of Project: _____

Lot & Building Information: **All requested information must be completed.**

Current use of the property: ☐ Residential ☐ Commercial ☐ Agricultural ☐ Industrial

Total Lot Area: (Sq. Ft.)_____(Note: 1 acre equals 43,560 square feet)

Corner Lot? ☐ Yes ☐ No

Proposed Building Size:_____(Sq. Ft.) Proposed Height:_____Dimensions:_____X_____

Coverage: (Includes All Impervious Surfaces)

Existing Lot Coverage:_____(Sq. Ft.)_____% of Lot Area

Proposed Lot Coverage:_____(Sq. Ft.) _____ % of Lot Area

Proposed Setbacks: (Location of the proposed structure from the lot lines indicated in feet)

Front Yard _____ Left Side Yard _____ Right Side Yard _____ Rear Yard _____

Additional Features

Are there any easements or deed restrictions on your property?

☐ Yes (Please provide copy of Deed if possible) ☐ No

Are there any environmentally sensitive features located on the property (wetlands/swales/floodplain)?

☐ Yes ☐ No

For changes to existing residential structures - Number of bedrooms in structure_____, proposed _____

Sewage Disposal System:	Public Sewer	On-Lot Septic	Other: _____
Water Supply:	Public Water	Well	Other: _____

Plot Plan:

A plot plan showing all existing improvements and proposed construction, including but not limited to: driveways, walkways, storm water management features, wells, easements, and utilities shall accompany this application. The plan shall include measurements of setbacks from all property lines and from the right-of-way of any road frontage on the property. Adjoining propertiesshall be labeled. Until such plan is submitted, this application shall not be considered complete and will not be processed.

If the proposed is a Business, Industry, Home Occupation, or a Change of Use of a new or existing building, please enclose a detailed description outlining the products sold, manufacturing process, services rendered, equipment to be used, floor areas of building, number of employees, and any other information that is necessary to thoroughly describe the proposed operation.

Home Occupations – A narrative of the proposed home occupation and interior floor plan showing the location and dimensions of the space where the home occupation will be conducted must accompany the permit application and plot plan. The narrative must address all the requirements set forth in the Zoning Ordinance.

Zoning Permit Application Check List:

- ☐ All applicable information is included on the application in a legible form.
- ☐ Attached a copy of the plot plan showing:
  1. All existing buildings
  2. Location of the new improvement showing the distance from all property lines and distance between any new structure and other structures.
  3. Streets (public/private)
  4. Well, septic system; tank; drain field.
  5. Location of any easement or rights-of-way.
  6. Driveways and parking areas.
- ☐ Attached copies of all other permits that may be required for the project. (i.e., on-lot septic,driveway, erosion, stormwater, land development, and sediment control plan)

Signature:

I hereby authorize the designated Sadsbury Township official to investigate, inspect, and examine the Property set forth herein, including land and structures, to determine compliance with the Sadsbury Township Zoning Ordinance and tc determine the accuracy of the statements contained herein. I am aware that I cannot occupy the Property for the purpose of conducting the use set forth herein and cannot commence excavation or construction until a Zoning Permit has been issued by Associated Building Inspections.

A Zoning Permit may be revoked if the use and/or structure for which it has been issued violates any applicable Township, County, State or Federal law, or regulation, including but not limited to the Sadsbury Township Zoning Ordinance. This Permit may also be revoked if it has been issued in error, or if issuance was based upon any misrepresentations or errors contained in the application or otherwise made by the applicant. **By signing this application. I certify that all facts in the application and all accompanying documentation are true and correct.**

I acknowledge that the holder of a Zoning Permit is responsible to ensure compliance with all applicable Township Ordinances, and at completion of the work authorized by the permit, I acknowledge that the Township requires that a final inspection be performed by the Zoning Officer before the structure which is authorized by this permit may be occupied.

Printed Name _____

Signature: _____ Date: _____

(Owner)

Printed Name _____

Signature: _____ Date: _____

(Applicant, if not the owner)

ABI: ASSOCIATED BUILDING INSPECTIONS LLC

ABI #: _____
Permit #: _____
Date #: _____

Sadsbury Township

WORKERS' COMPENSATION INSURANCE COVERAGE

A.	The applicant is a worker within the meaning of Pennsylvania Workers' Compensation Act: ☐ Yes ☐ No	
B.	**Insurance Information**	
	Applicant Name:	Federal or State Employer ID#:
	Applicant is qualified Self-Insurer for Workers' Compensation: ☐ Yes ☐ No	Certificate Attached: ☐ Yes ☐ No
	Applicant's Workers' Compensation Insurer Name:	
	Workers Comp Policy #:	Policy Expiration Date:
C.	**Exemption:** If applicant is a contractor claiming exemption from providing Pennsylvania Workers' Compensation Insurance. The undersigned swears or affirms that he/she is not required to provide Pennsylvania Workers' Compensation Insurance coverage under the provisions of the Pennsylvania Workers' Compensation Act for one of the following reasons: ☐ Contractor with no employees (contractor is prohibited by law from employing any Individual to perform work pursuant to this permit). ☐ Religious Exemption under Pennsylvania Workers' Compensation Act.	
	Applicant Signature:	**Date:**

Sadsbury Township

ABI # _____
Date Received ___/___/_____
Date Approved ___/___/_____

IMPERVIOUS COVERAGE WORKSHEET

In accordance with the Sadsbury Township Ordinance, all new construction and remodeling projects must meet the requirements of th applicable Building and Maximum Impervious Lot Coverage percentage as described in the applicable district within the ordinance.

BUILDING COVERAGE: ***The aggregate of the maximum horizontal cross-section areas of all the buildings on a lot. Including porches, breezeways and carports. Excluding: cornices, eaves, gutters, chimneys (projecting not more than 18"), bay windows (not extending through more than one story & not projecting more than 5'), uncovered steps and balconies.***

Structures	Existing	Adding	Removing	Total
House/Additions				
Porch				
Garage				
Storage Buildings				
Other: _____				
Total Building Coverage				

OTHER IMPERVIOUS COVERAGE: ***Material which is or is likely to become impervious to stormwater infiltration. Including but not limited to: buildings, structures, paved or graveled areas. driveways, parking lots, sidewalks, terraces, patios, swimming pools, tennis courts etc. All measurements need to be in Square Feet (SF).***

Structures	Existing	Adding	Removing	Total
Deck				
Patio				
Walkways				
Driveways				
Pool & Coping				
Other: _____				
Total				

Total Lot Area _____ Sq. ft.

Building Coverage Total _____ (A)

Other Coverage Total _____ (B)

Total Lot Coverage (all impervious coverage sum of A+B) _____