

TOWNSHIP OF DERRY  
 600 Clearwater Road  
 Hershey, Pennsylvania 17033  
 Phone: (717) 533-2057 Option 2

## APPLICATION FOR PLAN EXAMINATION FOR

- BUILDING PERMIT     ZONING PERMIT  
 SIGN PERMIT     DEMOLITION PERMIT

IMPORTANT – Applicant to complete all items in Sections I, II, III, IV Twp. Use Only: Map \_\_\_\_\_ Parcel \_\_\_\_\_

<b>I. LOCATION OF PROPERTY</b>	Address _____ (No.) _____ (Street) Zoning Dist. _____ Subdivision _____ Lot _____ Lot Area _____	Property in Floodplain <input type="checkbox"/> Yes <input type="checkbox"/> No Work in Floodplain <input type="checkbox"/> Yes <input type="checkbox"/> No
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**II. TYPE AND COST OF BUILDING**

<p><b>A. TYPE OF IMPROVEMENT</b></p> <input type="checkbox"/> New building <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Repair, replacement <input type="checkbox"/> Demolition <input type="checkbox"/> Moving (relocation) <input type="checkbox"/> Foundation only <input type="checkbox"/> Sign – Lighted <input type="checkbox"/> Sign – Unlighted	<p><b>D. PROPOSED USE</b></p> <p>Residential</p> <input type="checkbox"/> Single family <input type="checkbox"/> Two family/duplex <input type="checkbox"/> Detached garage <input type="checkbox"/> Attached garage <input type="checkbox"/> Carport <input type="checkbox"/> Pool/Hot tub <input type="checkbox"/> Deck/patio <input type="checkbox"/> Other – Specify _____ _____ _____	<p>Nonresidential</p> <input type="checkbox"/> Amusement, recreational <input type="checkbox"/> Religious Facility <input type="checkbox"/> Industrial <input type="checkbox"/> Three or more family - Enter number of units _____ <input type="checkbox"/> Hotel, motel, dormitory, condominium Enter number of units _____ <input type="checkbox"/> Office, bank, professional <input type="checkbox"/> Service station, repair garage <input type="checkbox"/> Educational <input type="checkbox"/> Stores, mercantile <input type="checkbox"/> Hospital, institutional <input type="checkbox"/> Other – Specify _____ _____
<p><b>B. OWNERSHIP</b></p> <input type="checkbox"/> Private <input type="checkbox"/> Public (Federal, State, or Local Government) <p><b>C. EXISTING USE</b></p> <input type="checkbox"/> One Family <input type="checkbox"/> Multifamily – Specify No. of Units: _____ <input type="checkbox"/> Non-Residential – Specify Use: _____ _____ _____ <input type="checkbox"/> Vacant Lot	<p><b>E. COST</b> <span style="float: right;">(Omit cents)</span></p> <p>Total Cost of Improvement (include material &amp; labor) \$ _____</p>	

**F. DESCRIPTION OF WORK** – Use additional pages if necessary, for any electrical work make 3<sup>rd</sup> party selection below.

\_\_\_\_\_

\_\_\_\_\_

Approved Code Services     Commonwealth Codes     Light-Heigel & Associates

**III. CHARACTERISTICS OF BUILDING** – For new buildings, additions, and alterations complete Parts G – Q; for wrecking, complete only Part O; for all others, skip to Section IV.

<p><b>G. PRINCIPAL TYPE OF FRAME</b></p> <input type="checkbox"/> Masonry (wall bearing) <input type="checkbox"/> Wood frame <input type="checkbox"/> Structural steel <input type="checkbox"/> Reinforced concrete <input type="checkbox"/> Other – Specify _____ _____	<p><b>J. TYPE OF SEWAGE DISPOSAL</b></p> <input type="checkbox"/> Public <input type="checkbox"/> Private (on-site disposal) <p><b>K. TYPE OF WATER SUPPLY</b></p> <input type="checkbox"/> Public <input type="checkbox"/> Private (Well) <p><b>L. IMPERVIOUS COVERAGE</b></p> _____ square feet _____ percentage addition	<p><b>O. DIMENSIONS</b></p> <input type="checkbox"/> Number of stories _____ <input type="checkbox"/> Total square feet of floor area, all floors, based on exterior dimensions _____ <p><b>P. NUMBER OF OFF-STREET PARKING SPACES</b></p> <input type="checkbox"/> Enclosed _____ <input type="checkbox"/> Outdoors excl. handicap _____ <input type="checkbox"/> Handicap _____ <p><b>Q. RESIDENTIAL BUILDINGS ONLY</b></p> <input type="checkbox"/> Number of bedrooms _____ <input type="checkbox"/> Number of bathrooms: Full _____ Partial _____
<p><b>H. FUEL FIRED APPLIANCES</b></p> <input type="checkbox"/> Type _____ <input type="checkbox"/> Appliance _____ _____	<p><b>M. STRUCTURE SPRINKLERED</b></p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No Will more than 10 heads be altered? <p><b>N. Will there be an elevator?</b></p> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<p><b>I. GROUND AREA DISTURBED</b></p> <input type="checkbox"/> Number of acres _____ 1 acre requires NPDES permit		

IV. IDENTIFICATION – *To be completed by all applicants. Please print or type all information below.*

Company Name Contact Person		Mailing Address – Number, street, city, state, and zip	E-mail Address	Telephone #
1. Owner or Lessee				
2. Contractor				
3. Architect or Engineer				

Contractor's Pennsylvania registration number:

The undersigned agrees to conform to all applicable laws of this jurisdiction. The issuance of this permit does not relieve the owners, or any other person or persons in possession or control of the building, or any part thereof, from obtaining such other permit or licenses as may be prescribed by law for the uses or purposes for which the land or building is designed or intended, nor from complying with any lawful order issued with the object of maintaining the building or land in a safe or lawful condition, nor from complying from any regulations specified in property deed restrictions or regulations specified by any homeowners' association. Permit is subject to possible appeal by any party for a period of 30 days after issuance. Permit may expire if work described therein has not begun within 6 months after issuance or if work lapses with no activity for a period of 6 months. Wrecking permits require owner's signature.

Applicant's signature

Applicant's name (printed)

Applicant's Address

Application Date

Indicate who the Township should contact if there are questions during the review process

Owner or Lessee     Contractor     Architect or Engineer     Other \_\_\_\_\_

V. VALIDATION

**TWP. USE ONLY**

Building Permit Number: \_\_\_\_\_ R# \_\_\_\_\_

Admin/Apl. Fee: \$ \_\_\_\_\_ Plan Review Fee: \$ \_\_\_\_\_ Inspection Fees: \$ \_\_\_\_\_

UCC Training Fee: \$ \_\_\_\_\_ Amount Paid: \$ \_\_\_\_\_ Balance Due: \$ \_\_\_\_\_

Building Permit Issued: \_\_\_\_\_, 20\_\_\_\_\_

Approved by: \_\_\_\_\_

Code Enforcement Officer

Zoning Permit Number: \_\_\_\_\_ R# \_\_\_\_\_

Admin/Apl. Fee: \$ \_\_\_\_\_ Amount Paid: \$ \_\_\_\_\_ Balance Due: \$ \_\_\_\_\_

Zoning Permit Issued: \_\_\_\_\_, 20\_\_\_\_\_

Approved by: \_\_\_\_\_

Zoning Officer

Contractor's Workers Comp No.:

Expiration Date:

Please note:

- If you are connecting to a public sewer, you must first obtain a sewage connection permit from the Derry Township Municipal Authority before a building permit can be issued.
- If a new driveway is proposed, you must obtain a road occupancy permit prior to occupancy from the Derry Township Public Works Department or from PennDot.
- A use and occupancy permit is required upon completion of work prior to use or occupancy.