

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

PLEASE READ ENTIRE APPLICATION

IMPORTANT – Applicant to complete all items in Sections I, II, III, IV	<i>Twp. Use Only:</i> Map _____ Parcel _____
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I. LOCATION OF PROPERTY	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

A. TYPE OF IMPROVEMENT <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	D. PROPOSED USE Residential <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 – <i>Specify</i> _____ _____ _____	Nonresidential <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 – <i>Specify</i> _____ _____
B. OWNERSHIP <input type="checkbox"/> Private <input type="checkbox"/> Public (Federal, State, or Local Government)	E. COST (Omit cents) Total Cost of Improvement (include material & labor) \$ _____	
C. EXISTING USE <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		

F. DESCRIPTION OF WORK – Use additional pages if necessary, for any electrical work, you **MUST make 3rd 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.

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

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

PLEASE ENTER THE COMPANY NAME AND A CONTACT PERSON'S NAME FOR THE FOLLOWING:		Mailing Address – Number, street, city, state, and zip	E-mail Address	Telephone #
Owner or Lessee of subject property				
Contractor				
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. Demolition permits require owner's signature.

Applicant's Signature	Applicant's Name (Printed)		
Applicant's Address	Applicant's Email 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 Worker's 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.