

EAST EARL TOWNSHIP
4610 Division Highway
East Earl, PA 17519
Telephone 717-354-5593 Fax 717-355-0426

APPLICATION FOR PLAN EXAMINATION, BUILDING PERMIT & CERTIFICATE OF OCCUPANCY

PERMIT # _____

App. Date	Type Permit <input type="checkbox"/> Demolition <input type="checkbox"/> Zoning _____ <input type="checkbox"/> Building <input type="checkbox"/> Storm Water	Declared Value \$	Permit Cost
-----------	--	----------------------	-------------

1. OWNER INFORMATION

First Name	Last Name or Business Name	Phone		
Street Address		City	State	Zip

2. PROPERTY INFORMATION

Street Address	Apt.	City	Zip	Account Number	Zoning
Subdivision	Lot Number	Parcel Use			
		<input type="checkbox"/> Residential <input type="checkbox"/> Industrial <input type="checkbox"/> Pool <input type="checkbox"/> Commercial <input type="checkbox"/> Agriculture <input type="checkbox"/> Other			

3. CONTRACTORS INFORMATION

	NAME OF CONTRACTOR	STREET ADDRESS	CITY, STATE, ZIP	PHONE
Applicant (not owner)				
Architect/Engineer				
General Contractor				
Excavation				
Concrete				
Carpentry				
Electrical				
Plumbing				
Sewer				
Mechanical				
Roofing				
Masonry				
Drywall or Lathing				
Paving				

4. CERTIFICATION

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent, and I agree to conform to all applicable laws of East Earl Township. In addition, if a permit for work described in this application is issued, I certify that the code official or the code official's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit. I further will notify the Township for all required inspections

SIGNATURE OF APPLICANT DATE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE NO.

PERMIT # _____

5. BUILDING PERMIT APPLICATION

For Dept. Use Only	Request Plan No. Assignment (Y/N)	PROPOSED USE:		
Plan Number		ASSEMBLY	INSTITUTIONAL	OTHER
IMPROVEMENT TYPE <input type="checkbox"/> AGRICULTURE <input type="checkbox"/> NEW CONSTRUCTION <input type="checkbox"/> ADDITION <input type="checkbox"/> ALTERATION <input type="checkbox"/> REPAIR/REPLACEMENT <input type="checkbox"/> DEMOLITION <input type="checkbox"/> RELOCATION <input type="checkbox"/> FOUNDATION ONLY <input type="checkbox"/> CHANGE OF USE ONLY		<input type="checkbox"/> THEATRE <input type="checkbox"/> NIGHT CLUB <input type="checkbox"/> RESTAURANT <input type="checkbox"/> CHURCH <input type="checkbox"/> OTHER ASSEMBLY	<input type="checkbox"/> GROUP HOME <input type="checkbox"/> HOSPITAL	<input type="checkbox"/> PARKING GARAGE <input type="checkbox"/> CARPORT <input checked="" type="checkbox"/> MOTOR FUEL SERV. <input type="checkbox"/> REPAIR GARAGE <input type="checkbox"/> PUBLIC UTILITY <input type="checkbox"/> STORAGE <input type="checkbox"/> FACTORY <input type="checkbox"/> SHED <input type="checkbox"/> OFFICE <input type="checkbox"/> BANK <input type="checkbox"/> SIGN <input type="checkbox"/> POOL <input type="checkbox"/> FOREBAY <input type="checkbox"/> FENCE
		<input type="checkbox"/> BUSINESS	MERCANTILE <input type="checkbox"/> _____	<input type="checkbox"/> FOREBAY
		EDUCATIONAL	RESIDENTIAL	SIZE _____
		<input type="checkbox"/> (GRADES 1 - 12) <input type="checkbox"/> DAY CARE FACILITY <input type="checkbox"/> CHURCH SCHOOL <input type="checkbox"/> LIBRARY	<input type="checkbox"/> HOTEL, MOTEL <input type="checkbox"/> MULTI-FAMILY <input type="checkbox"/> TWO FAMILY <input type="checkbox"/> SINGLE FAMILY	
			AGRICULTURAL	
			<input type="checkbox"/> FAMILY FARM <input type="checkbox"/> INTENSIVE FARMING <input type="checkbox"/> MANURE PIT <input type="checkbox"/> BARN	
Structural (check those applicable)		Exterior (Check those applicable)		
Frame		Walls		
<input type="checkbox"/> Steel	<input type="checkbox"/> Concrete	<input type="checkbox"/> Other, Identify: _____		
<input type="checkbox"/> Masonry	<input type="checkbox"/> Wood	<input type="checkbox"/> Steel	<input type="checkbox"/> Concrete	<input type="checkbox"/> Other, Identify: _____
		<input type="checkbox"/> Masonry	<input type="checkbox"/> Wood	

6. BUILDING APPLICATION

Street Frontage (Feet)	Stories (Number)	Lot Area (Sq. Feet)
Front Setback (Feet)	Bedrooms (Number)	Lot Coverage (%)
Rear Setback (Feet)	Full Baths (Number)	Building Area (Sq. Feet)
Left Setback (Feet)	Partial Baths (Number)	Parking Area (Sq. Feet)
Right Setback (Feet)	Garages (Number)	Living Area (Sq. Feet)
Outside Parking (Number)	Fireplaces (Number)	Basement Area (Sq. Feet)
Manufacturing (Sq. Feet)		Garage Area (Sq. Feet)
Service (Sq. Feet)		Office/Sales (Sq. Feet)
Other		Barn Size (Sq. Feet)
		Manure Storage (Size)
Est. Start:	Est. Finish:	Validation

7. ELECTRICAL APPLICATION

Total Service _____ AMPS		Number of Circuits: _____ 2 WIRE _____ 3 WIRE _____ 4 WIRE		Electrical Work		YES	NO
				Number of Service Outlets: _____ 110V _____ 220V			
	POWER DEVICES	No.	OUTPUT/LOAD		POWER DEVICES	No.	OUTPUT/LOAD
1	RECEPTACLES		7				
2	LIGHTS		8				
3	PUMPS		9				
4	HEATING		10				
5	AIR CONDITIONING						
6	AREA			Total Number of Motors			
Utility Service Revisions:							
Est. Start:				Est. Finish:		Validation	

PERMIT # _____

8. PLUMBING APPLICATION

Plumbing Work Yes No

Enter the Number of Fixtures Being Installed, Replaced or Repaired					
Tubs/Showers		Drinking Fountains		Back Flow Preventers	
Shower Stalls		Floor Drains		Water Pumps	
Lavatories		Water Heaters		Laundry Tubs	
Toilets		Water Softeners		Dishwashers	
Urinals		Sewage Ejectors		Garbage Disposals	
Sinks		Sump Pumps		Swimming Pools	
Hydrants		Milk House			
Freeze Proof Spigots		Processing			
		Waterers			
		Milking Parlor			
Public Water (Y/N)		Public Sewer (Y/N)		Private Sewer Number	
Est. Start:		Est. Finish:		Validation	

9. MECHANICAL APPLICATION

Mechanical Work Yes No

Enter Number of New or Replacement Units					
Forced Air Furnace		Boiler		Air Handling Unit	
Unit Heater		Coll Unit		Heat Pump	
Gas/oil Conversion		Window A/C Unit		Air Cleaner	
Space Heater		Split System A/C		Kitchen Exhaust Hood	
Gravity Furnace		A/C Compressor			
Solid Fuel Appliance		Geothermal			
Utility Service Revisions:					
Type of Heating Fuel: (Check One) <input type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Coal <input type="checkbox"/> Wood <input type="checkbox"/> Other					
Est. Start:		Est. Finish:		Validation	

10. STORM WATER PERMIT

Storm Water	Y / N	By (Waiver) (Plan)	Date
A building permit cannot be issued until the storm water plan or waiver is approved.			

11. DRIVEWAY PERMIT

Y / N	Date _____
-------	------------

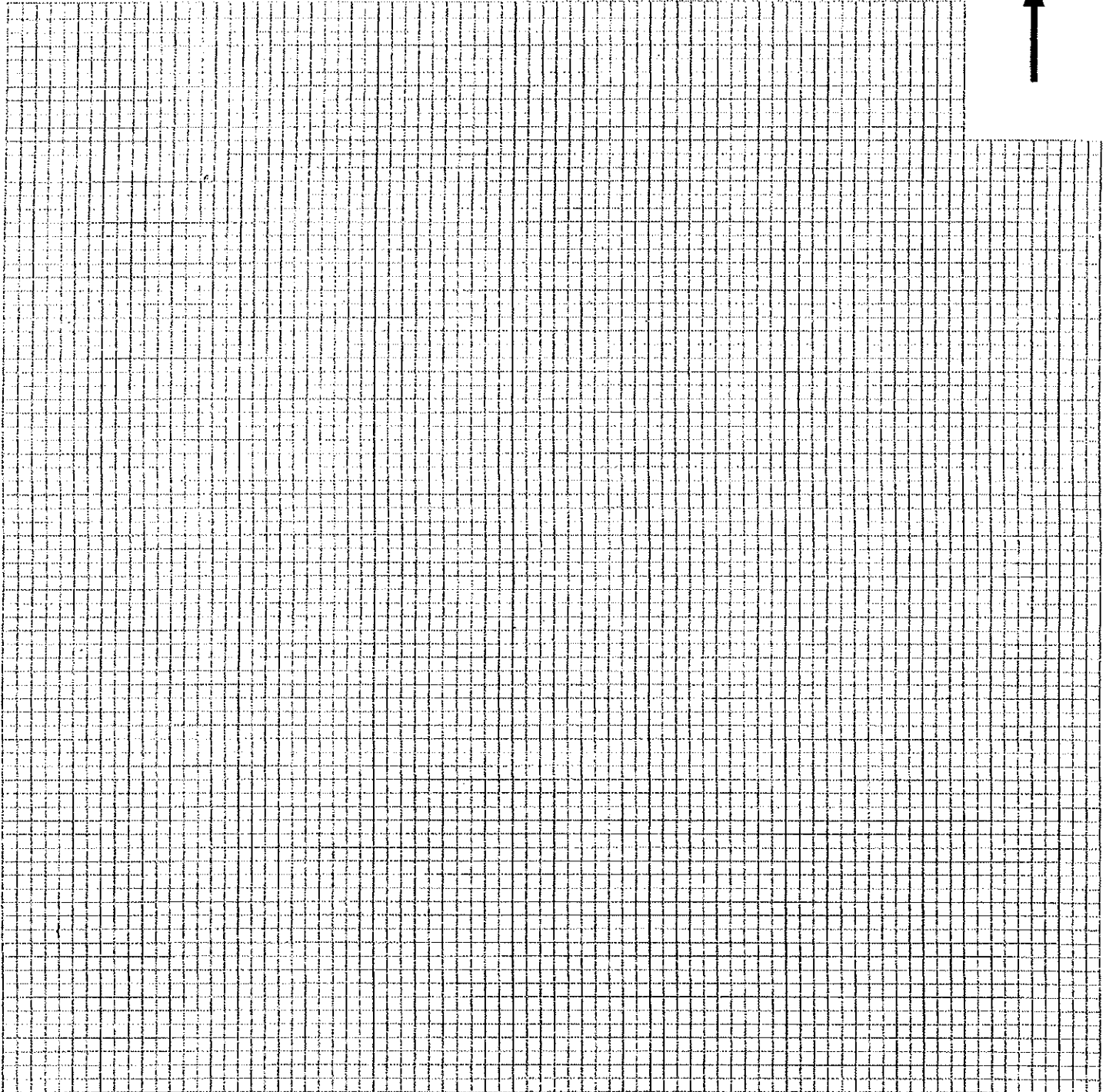
PERMIT # _____

12. PLOT PLAN

Builder must provide a written warranty to the homeowner certifying that the home is in compliance with Act 222 of 1980, which sets minimal energy conservation standards. Set forth at 16 PA Code Section 30.32 etseq. Show lot lines, easements, work layout and dimensions.

NOTE: ANY CHANGES REQUIRE A REVISION OF THIS PAGE.
DIMENSIONS OF WORK MUST BE SHOWN.

NORTH



The following shall be shown on this plot plan:

- Size of lot
- Location of all buildings
- Depth of rear yard
- Width of rear yard
- Depth of front yard
- Width of front yard