

Straban Township • Adams County • Pennsylvania



1745 Granite Station Rd. Gettysburg, PA 17325
Phone: (717) 334-4833 Fax: (717) 334-0061
Email: office@strabantownship.com
Website: www.strabantownship.com

APPLICATION FOR LAND USE PERMIT

(Please see Appendix A for a Checklist)

NO. _____ **DATE:** _____

Application is hereby made for a permit to erect a building, make alterations as described or other construction requiring the obtaining of a permit. Applicant agrees that such work will comply with all provisions of the Zoning Ordinance and with all other applicable ordinances of Straban Township and County, State and Federal regulations.

The Land Use Permit will be issued within 10 days of satisfactory completion of the Land Use Permit application and the resolution of any stormwater management requirements

1. Applicants Name and Address: _____

_____ Phone# _____

2. Owners Name and Address: _____

_____ Phone# _____

3. Location of Property: _____

4. Subdivision Name: _____ Lot # (if applicable) _____

5. Name of Contractor: _____ Phone# _____

6. Name of Inspection Agency: _____

(For a complete Agency list go on line to www.dli.state.pa.us)

7. Zoning District: _____ Est. Value of Improvements: _____

8. Type of Work: () New Building () Addition () New Manufactured Home

() Pool () Garage () Storage Shed

() Other _____

9. Description of Work: _____

10. Present Use: _____ Proposed Use: _____

11. Adams County Tax Parcel Number: _____

Size of Lot: Width: _____ ft. Depth: _____ ft. Total Area: _____

12. Building Setback: Front: _____ ft. Side: _____ ft. Rear: _____ ft.

Bldg. Height: _____ ft.

ALL SETBACKS SHALL BE MEASURED FROM ROAD RIGHT-OF-WAY

13. Will building require: On-lot Septic () Public Sewer ()

If on-lot, give permit # _____

If public, verify that capacity is available: _____

14. Water Supply: Public () On-Lot () Well Permit # _____

15. Will Construction need a Driveway Permit

State Road ()

Penn DOT Permit # _____ Date of Application: _____

Township Road ()

Township Permit # _____ Date of Application: _____

16. Public Buildings: Labor & Industry Permit # _____

Date of Permit: _____

17. Is building or use located in a flood-prone area: Yes () No ()

18. Is a Stormwater Plan required: *(To be determined by the Township and/or Township Engineer)*

Yes () No () See Item 21 below

19. Proof of Workers Compensation Insurance (Act 44) () *(Please see Appendix B)*

20. Estimated construction dates: Starting _____ Completion _____

21. A site plan showing the location of the proposed building or use shall accompany this application (scale not needed). Show dimensions of all property boundaries comprising the lot/parcel shape, locations of existing right-of-ways, stream(s), flood plain(s), wetland(s), public roadway(s), private road(s), driveway(s), well(s), septic(s), existing structures show present usage

For the purposes of determining if a Stormwater Plan is required the Site Plan should also include the existing and proposed impervious coverage, with appropriate dimensions provided. (Impervious coverage includes, but is not limited to, the principal residence, garages(s), driveway (gravel or paved), sidewalk, porch(s) or patio(s), and any secondary structures.

I verify that the foregoing statements are true to the best of my information and believe I understand that false statements herein are subject to the penalties of 18 PA C. S. A. relating to unsworn falsifications to authorities. I also understand that it is the applicant's responsibility to obtain a Building Permit from a third party inspector prior to starting construction as per Act 45.

Signature of Applicant

Date

Expiration Date of Permit:

Permit will expire if work is not commenced within three (3) months of issuance.

Permit will expire eighteen (18) months after issuance.

OFFICIAL USE ONLY

Fee: _____ Check # _____ Date Issued: _____

Approved:

Permit Officer: _____

Appendix A

Check List of Application Requirements

1. Certificate of Insurance Liability must be on file with Township.
2. Proof of public sewer availability or an On Lot Septic permit.
3. Proof of public water availability or a Well permit (must include a Well Completion Construction Report & Well water test results obtained from the well driller)
4. Proof of Highway Occupancy Permit (State/Township)
5. Sketch showing proposed building with setbacks marked.
6. Contact Adams County Conservation District as to requirements for erosion control during construction.
7. Verify if a Stormwater Plan is required through submission of a site plan sketch.
8. Check deed for restrictions, subdivision restrictions or other recorded restrictions.
9. Have a third party building inspector retained to issue the building permit.
10. The third party inspector shall issue the certificate of occupancy prior to use or occupancy.
11. Adams County Building Permits are required.
12. Traffic Impact Fees (*if applicable*).

Appendix B

Workers' Compensation Insurance Coverage Information (attach to building permit application)

A. The applicant is

A contractor within the meaning of the Pennsylvania Workers' Compensation Law

Yes No

If the answer is "yes," complete Sections B and C below as appropriate.

B. Insurance Information

Name of Applicant _____

Federal or State Employer Identification No. _____

Applicant is a qualified self-insurer for workers' compensation.

Certificate attached

Name of Workers' Compensation Insurer _____

Workers' Compensation Insurance Policy No. _____

Certificate attached

Policy Expiration Date _____

C. Exemption

Complete Section C if the applicant is a contractor claiming exemption from providing workers' compensation insurance.

The undersigned swears or affirms that he/she is not required to provide workers' compensation insurance under the provisions of Pennsylvania's Workers' Compensation Law for one of the following reasons, as indicated:

Contractor with no employees. **Contractor prohibited by law from employing any individual to perform work pursuant to this building permit unless contractor provides proof of insurance to the township.**

Religious exemption under the Workers' Compensation Law.

Subscribed and sworn to before me this _____ day of _____ 20_____

Signature of Applicant: _____

Address: _____

(Signature of Notary Public) County of _____ Municipality of _____

My commission expires: _____