North Codorus Township
1986 Stoverstown Road, Spring Grove, PA 17362
Phone #: (717) 225-4812   Fax #: (717) 225-5986

Permit# _____

Date : _____

ZONING PERMIT APPLICATION

Property Information

Tax Map: _____   Site Address: _____

Parcel #: _____   _____

Zone: AP ___ RAC ___ MU ___ R-1 ___ R-2 ___ R-3 ___ VC ___ HC ___ I ___

Subdivision: _____   Lot #: _____

Owner Information

Name: _____ Phone #: _____

Address: _____

Email: _____ Cell Phone#: _____

Contractor Information

Name: _____ Phone #: _____

Address: _____

Email: _____ Cell Phone #: _____

Project Information

Project Type: (Check all that is applicable and describe below)
New Construction ___ Repair/Replacement ___ Addition ___ Alteration ___ Sign ___
Demolition ___
Description Of Work : _____

_____

Estimated Cost / Value of Project:
Default $100.00 per Sq ft. for New Homes or Additions: $ _____

Building Area In Sq Ft : _____ Number Of Stories : _____

Other Required Permits

Sewage Permit #: _____   Driveway Permit #: _____

Site Plan

* Please attach a site plan showing lot lines, easements, dimensions of the project and all existing features of your property. (Well, septic, swimming pools, all out buildings, Etc.)

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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 of record to make this application as his or her authorized agent. I understand and assume responsibility for the establishment of official property lines for the purpose of verification of the required setback prior to the start of construction, and agree to conform to all applicable laws of this jurisdiction. I further certify that this information is true and correct to the best of my knowledge.

Applicant Signature: _____ Date: _____

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Zoning Information

Street: Paved_____ Gravel _____ TWP _____ State _____ Private _____

Building Setback: Front: _____   Side: _____   Rear: _____

Storm water Management Plan Required: Yes _____ No _____

Erosion & Sedimentation Control Plan Required: Yes _____ No _____

York County Conservation Review Required: Yes _____ No _____

Current Lot Coverage: (%) ____ Allowable Lot Coverage: (%) ____ Lot Size _____

Is this parcel of land in an identified flood zone area: Yes _____ No _____

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Validation of Permit

Zoning Permit Number: _____

Zoning Permit Issue Date: _____

Zoning Permit Fee: $_____

Permit Approved By: _____

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