

**North Codorus Township
Construction Permit Application
2018 International Building Code Series Is Enforced**

Application Date: _____

Property Information

Tax Map: _____ **Site Address:** _____

Parcel #: _____

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

Owners Information

Name: _____ **Home Phone #:** _____

Address: _____

Email: _____ **Cell Phone #:** _____

Project Information

Project Type: (Check all that are 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 Permits Required

Sewage Type: Private On Lot System Public **Permit #** _____

Water Source: Public Well Other

Driveway: TWP Penn Dot **Permit #** _____

Storm Water Management Required: Yes No **E & S Plan Required** Yes No

York County Conservation Review Required Yes No

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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 to make this application as his/her authorized agent and I understand and assume responsibility for the establishment of official property lines for the required setbacks 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** _____

Address: _____ **Phone#:** _____

Contractor Information

Name of Contractor: _____ **Phone#:** _____

Contractor Address: _____

Person In Charge Of Site: _____ **Phone#:** _____

Workers Compensation Insurance Carrier: _____ **Policy#:** _____
(Attach a Copy of Your Current Certificate of Insurance)

Official Information & Permit Fees

Construction Permit # _____ **Permit Fee \$** _____

Zoning Permit # _____ **Permit Fee \$** _____

Driveway Permit # _____ **Permit Fee \$** _____

Sewer Permit # _____ **Permit Fee \$** _____

Total All Permit Fees \$ _____

Application: Approved _____ **Denied** _____ **Issue Date** _____ **Expiration Date** _____

Signature of Building Code Official _____ **Date** _____

Applicant or authorized agent is responsible for scheduling all required inspections for your project. Call Commonwealth Code Inspection Service at (717) 846-2004 to schedule each inspection. Failed inspections may result in additional inspection fees.