

**EAST COCALICO TOWNSHIP  
ALTERNATIVE ENERGY SOURCES PERMIT APPLICATION**

**LOCATION OF PROPOSED STRUCTURE:**

Permit # \_\_\_\_\_

County: \_\_\_\_\_ Municipality: \_\_\_\_\_ Zoning District \_\_\_\_\_

Site Address: \_\_\_\_\_ Tax Parcel # \_\_\_\_\_

Lot # \_\_\_\_\_ Subdivision/Land Development: \_\_\_\_\_ Phase: \_\_\_\_\_ Section: \_\_\_\_\_

Owner: \_\_\_\_\_ Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

Principal Contractor: \_\_\_\_\_ Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

Design Professional: \_\_\_\_\_ Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

**TYPE OF WORK OR IMPROVEMENT:** ☐ Roof mounted ☐ Ground mounted ☐ Other**TYPE OF WATER SUPPLY:** ☐ Public ☐ Private (well)**USE:** (circle): Residential Commercial Industrial Other \_\_\_\_\_

Type of Installation (circle): New Alteration Repair Other \_\_\_\_\_

Service: Job #: \_\_\_\_\_

Amperage: \_\_\_\_\_ Phase: \_\_\_\_\_

Describe all proposed work: \_\_\_\_\_

**ESTIMATED COST OF CONSTRUCTION** (reasonable fair market value) \$ \_\_\_\_\_

## **NOTE:**

1. All applications must be accompanied by specifications of all equipment to be installed.
2. All residential roof mounted equipment applications must be accompanied by details of the roof structure, (framing details, type of roof and lumber species, finish with ceiling or open rafters) and mounting details (unit weight and dimensions). Identify any other existing equipment mounted on the roof, if so, estimated size, location and weight.
3. **All commercial applications must be accompanied by three sets of drawings signed and sealed by a licensed architect or professional engineer.**
4. All ground mounted equipment applications must be accompanied by Manufacturer's Specifications and Installation Requirements. If not pre-engineered by Manufacturer, then the application must be accompanied by signed and sealed engineered drawings.
5. All applications must be accompanied by a Plot Plan – (Provide scaled plan of entire property. Identify streets adjacent to property. Place all structures, with size dimensions (length/width) indicated, within property lines and indicate whether existing or proposed. Indicate front yard, side yard, and rear yard setbacks by showing the distance from structures to property lines on all sides. The property owner is responsible for the accuracy of this plot plan. On-lot sewage disposal systems, wells and/or any easements/deed restrictions must be indicated.
6. All required inspections are indicated on the permit card. The property owner or authorized agent is responsible for scheduling all inspections.
7. **Work may not start until a permit has been approved and issued. The permit cards are to be displayed so as to be visible from the street.**

## **FLOODPLAIN:**

Is the site located within an identified flood hazard area? *(Check One)*

☐ YES ☐ NO

Will any portion of the flood hazard area be developed? *(Check One)*

☐ YES ☐ NO ☐ N/A

**Owner/Agent shall verify that any proposed construction and/or development activity complies with the requirements of the National Flood Insurance Program and the Pennsylvania Flood Plain Management Act (Act 166-1978), specifically Section 60.3**

The applicant certifies that all information on this application is correct and the work will be completed in accordance with the "approved" construction documents and PA Act 45 (Uniform Construction Code) and any additional approved building code requirements adopted by the Municipality. The property owner and/or applicant assumes the responsibility of locating all property lines, setback lines, easements, rights-of-way, flood areas, etc. Issuance of a permit and approval of construction documents shall not be construed as authority to violate, cancel or set aside any provisions of the codes or ordinances of the Municipality or any other governing body. The applicant certifies he/she understands all the applicable codes, ordinances and regulations.

Application for a permit shall be made by the owner or lessee of the building or structure, or agent of either, or by the registered design professional employed in connection with the proposed work. Permits issued will be in the name of the property owner.

I certify that the code administrator or the code administrator's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provision of the code(s) applicable to such permit.

I CERTIFY THAT ALL INFORMATION PROVIDED ON THIS APPLICATION IS TRUE AND CORRECT. IF ANY INFORMATION IS FOUND TO BE FALSE OR INCORRECT THE PERMIT WILL BECOME NULL AND VOID.

Date: \_\_\_\_\_  
Applicant's Signature \_\_\_\_\_

Date: \_\_\_\_\_  
Applicant's Signature \_\_\_\_\_

Signature of Owner or Authorized Agent \_\_\_\_\_  
Print Name of Owner or Authorized Agent \_\_\_\_\_

Address \_\_\_\_\_  
Date \_\_\_\_\_

Directions to Site: \_\_\_\_\_  
\_\_\_\_\_

**Call Technicon Enterprises Inc., II for all inspections:**

Technicon Enterprises Inc., II  
200 Bethlehem Drive, Suite 201  
Morgantown, PA 19543  
**Phone:** 610-286-1622 – **Fax:** 610-286-1679

A minimum of twenty four (24) hours notice is required for inspections.

*When scheduling inspections, the contractor must ensure he has completed all the items necessary for the inspection. Should the Building Inspector/Zoning Officer be required to make additional inspections, a re-inspection fee will be due to defray the cost of the inspection. The entire fee must be paid prior to the inspection.*

**TECHNICON ENTERPRISES INC., II USE ONLY**

Plan Review: \_\_\_\_\_ Permit: \_\_\_\_\_ Total Fee: \_\_\_\_\_

Issued by: \_\_\_\_\_ Date: \_\_\_\_\_

# PENNSYLVANIA WORKERS COMPENSATION INSURANCE COVERAGE INFORMATION

## A. The Applicant Is

A contractor within the meaning of the Pennsylvania Workers' Compensation Law ☐ Yes ☐ No

If the answer is "Yes" complete Section B and C below as appropriate.

## B. Insurance Information

Name of Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Contact Name: \_\_\_\_\_

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

*Attach insurance certificate*

☐ Applicant carries workers' compensation coverage with an insurance company

Name of Workers' Compensation Insurer: \_\_\_\_\_

Workers' Compensation Policy No.: \_\_\_\_\_ Policy Expiration Date: \_\_\_\_\_

*Attach insurance certificate*

## 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 the 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.

## D. Signature

My signature as the contractor indicates my understanding of the requirements to provide proof of Workers' Compensation Insurance as need and verifies that all statements made above are true. I understand that if I am a contractor requesting an exemption under the Workers' Compensation Act, I must sign this form in front of a notary public.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

COMMONWEALTH OF PENNSYLVANIA  
COUNTY OF LANCASTER

ON THIS, the \_\_\_\_\_ day of \_\_\_\_\_, 202\_\_\_\_, before me, the undersigned officer, personally appeared \_\_\_\_\_, and being authorized to do so, executed this instrument for the purposes contained herein.

IN WITNESS WHEREOF, I hereto set my hand and official seal.



NOTARY PUBLIC

My commission expires: \_\_\_\_\_