

EAST COCALICO TOWNSHIP
100 Hill Road, Denver, PA 17517
717-336-1720 • www.eastcocalicotownship.com

ZONING PERMIT APPLICATION

PROPERTY INFORMATION:

Site Address: _____ Tax ID No. _____

Lot Size: _____ Zoning District: _____ Subdivision: _____

Applicant: _____ Phone: _____

Address: _____ Email: _____

Property Owner (if other than applicant): _____ Phone: _____

Address: _____ Email: _____

PROPOSED PROJECT OR USE: (Describe in detail the proposed structure or use, including dimensional information if applicable; the attached site plan must be completed for any new structure or impervious surface)

Present Use: _____

Proposed Use: _____

Water Supply: ___ Public ___ Private **Sewage Disposal:** ___ Public Sewer ___ On-Lot Septic System

Is this property/use the subject of a subdivision or land development? ___ Yes ___ No

If yes, provide the name and date of the subdivision or land development: _____

Does the property contain: **Floodplain:** ___ Yes ___ No **Stream/Pond:** ___ Yes ___ No **Wetlands:** ___ Yes ___ No

OTHER APPROVALS/PERMITS:

Other permits and/or approvals may be required prior to issuance of a Zoning Permit. They include but may not be limited to (check if submitted with Zoning Permit Application):

___ Building Permit

___ Stormwater Management Permit – Exemption or Small Project Stormwater Plan **OR**

___ Stormwater Management Plan

___ Erosion and Sedimentation Plan

___ Driveway Permit

___ Demolition Permit

___ Zoning Hearing Board Approval – Case No. _____ Date of Written Approval: _____

___ Other _____

Please note that while the Township staff will provide assistance, the applicant is ultimately responsible for determining which permits and approvals are necessary for his or her project.

SUBMISSION CHECKLIST:

- ___ Completed Workers Compensation form (attached) and certificate of insurance, if applicable
- ___ Site plan showing all property lines, dimensions, shape, existing buildings and structures, setback requirements, and any other information necessary to accurately describe proposed structure or use (attached site plan may be used; see sample)
- ___ Applicant's signature

The Township reserves the right to require submission of additional information, including but not limited to the items set forth in Zoning Ordinance §220-148B, Filing Requirements.

Note: Failure to submit a complete application may result in delays to the project and/or permit denial.

As the owner or authorized agent of the project for which this application is filed, I certify that:

1. To the best of my knowledge and belief, all information on this application is true, correct, and complete, and I understand that any false statement may result in a work stoppage and/or revocation of this Zoning Permit.
2. This project will be constructed and/or use conducted in accordance with the approved Zoning Permit and applicable Township ordinances.
3. By signing this application, I hereby authorize the East Cocalico Township Zoning Officer or other Township representative to enter the property if necessary to confirm compliance with the Zoning Permit and applicable Township ordinances.
4. Any proposed changes to this project or use after the Zoning Permit is issued will require approval by the East Cocalico Township Zoning Officer.

Applicant's Signature: _____ Date: _____

TOWNSHIP USE ONLY

ZONING DISTRICT: _____	REQUIRED	PROPOSED
Minimum/Maximum Lot Size:	_____	_____
Front Yard Setback:	_____	_____
Side Yard Setback:	_____	_____
2 nd Front Yard or Side Yard Setback:	_____	_____
Rear Yard Setback:	_____	_____
Maximum Impervious Coverage:	_____	_____

Notes: _____

Zoning Officer Signature: _____ Date: _____

ZONING PERMIT NO. _____ Date Paid/Issued: _____ Fee: \$ _____

INSTRUCTIONS FOR SITE PLAN

The plan does not need to be drawn to scale, but must show the following:

1. Location (names of abutting streets) and dimensions of lot
2. Distances between proposed new structure(s) and property lines, including front, rear, and both sides
3. Location, dimensions, and uses of all existing and proposed structures, buildings, and impervious areas
4. Location of existing and proposed on-lot wells and sewage disposal systems, if applicable, and distances to proposed new structure(s)
5. Location of stormwater management facilities, streams, wetlands, or other water bodies
6. Location of easements

[illegible]

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: _____