DEMOLITION PERMIT APPLICATION PACKET

A Demolition Permit is needed to raze any structure. If the project involves both the demolition of a structure and the construction of a new structure, both a Demolition Permit and a Building Permit are needed. A Demolition Permit is not required to remove a fence, patio, and small sheds that do not possess utility connections. If you're unsure if your project needs a Demolition Permit, call the Township at (717) 336-1720.

DEMOLITION PERMIT APPLICATIONS MUST INCLUDE THE FOLLOWING ITEMS. INCOMPLETE APPLICATIONS WILL BE RETURNED TO THE APPLICANT.

1) **DEMOLITION HOME PERMIT APPLICATION.** Complete all applicable sections of the Demolition Permit Application, and sign and date the application.

2) **BUILDING AND IIMPERVIOUS COVERAGE CALCULATIONS.** If you are building something in its place after demolition, the Impervious Coverage Calculations (page 3) must be filled out. ground-based improvements – you'll need to calculate how much building and impervious coverage exists today, and how much will exist after the project is completed. Information you'll need to complete this form – like the property size, house dimensions, and tax parcel number – can be found at lancasterpa.devnetwedge.com.

3) **CERTIFICATE OF INSURANCE.** If your project is being completed by a contractor, the contractor must provide a certificate of insurance that names the Township as a certificate holder and additional insured, to be listed as: "East Cocalico Township, 100 Hill Road, Denver PA 17517." The contractor must also complete the Pennsylvania Workers Compensation Insurance Coverage Information form (page 4).

4) **HOME IMPROVEMENT CONTRACTOR VERIFICATION.** If your project is at a residential property and the work is being completed by a contractor, State Law requires the contractor to register as a home improvement contractor with the Office of the Pennsylvania Attorney General. Ask your contractor to provide his/her current license, or visit hicsearch.attorneygeneral.gov to download and print the contractor's license status (it must be valid), and submit this information to the Township.

5) **PERMIT FEE.** The permit fee must be paid at the time the application is submitted. Fees vary by project type. Visit ect.town to view the current Fee Schedule. Cash or check only (no cards). Checks payable to East Cocalico Township. Mail and/or drop off (M-F 7am-4:15pm) your permit with fee to: East Cocalico Township, 100 Hill Road, Denver, PA 17517. Permits received without the fee will be placed on hold until the fee is received.

6) **NO WORK SHALL BEGIN** UNTIL THE PERMIT HAS BEEN ISSUED.

Questions? Call the Township at (717) 336-1720, or e-mail twp@ect.town.

EAST COCALICO TOWNSHIP

100 Hill Road, Denver, PA 17517

717-336-1720 ♦ ect.town ♦ Mon-Fri 7am-4:30pm

DEMOLITION PERMIT APPLICATION

ZONING APPROVED : _____ **PERMIT # :** _____
Approved by Date

PROPERTY INFORMATION:

Tax Parcel #: 080- - 0-0000
Example: 080-00000-0-0000

ZONING DISTRICT: (check one)

- ☐ Agricultural
- ☐ Conservation
- ☐ Light Industrial
- ☐ Rural Residential
- ☐ Other *(describe below)*
- ☐ Suburban Residential
- ☐ Mobile Home Park
- ☐ General Commercial

Address: _____
Address, City, State, Zip

PROPERTY OWNER INFORMATION:

Name: _____

Address: _____

Phone: _____ E-Mail: _____
(area code)

APPLICANT INFORMATION: *(if not property owner)*

Name: _____

Address: _____

Phone: _____ E-mail: _____
(area code)

CONTRACTOR INFORMATION:

Name: _____

Address: _____

Phone: _____ E-Mail: _____
(area code)

DESCRIBE THE STRUCTURE TO BE DEMOLISHED. INCLUDE PRESENT AND PAST USES, HEIGHT, SQUARE FOOTAGE, AND DISTANCES TO ALL PROPERTY LINES.

PERMITS ARE CONDITIONED ON THE APPLICANT DISCONNECTING ALL UTILITIES BEFORE WORK BEGINS. BELOW PLEASE IDENTIFY THE UTILITIES THAT SERVE THE STRUCTURE TO BE DEMOLISHED, AND THE CURRENT CONNECTION STATUS OF EACH:

	CONNECTED	TO BE DISCONNECTED
○ **Water***	☐	☐
○ **Sanitary sewer***	☐	☐
○ **Electric**	☐	☐
○ **Natural gas**	☐	☐
○ **Propane**	☐	☐
○ **Cable**	☐	☐
○ **Other:**	☐	☐
○ **Other:**	☐	☐

***IMPORTANT: Additional approval is required to disconnect connections to the public water and/or public sewer system. Contact the East Cocalico Township Authority for more information (717) 336-1731.**

ACKNOWLEDGMENT & SIGNATURE:

As Owner or authorized agent of the project I certify that:

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

signature: _____ date: _____

LOT COVERAGE CALCULATIONS & STORMWATER REQUIREMENTS

APPLICANT: _____

ADDRESS: _____

SIGNATURE: _____ **DATE:** _____

Please complete the calculations below to determine the total existing and proposed lot coverages, and return this form with your permit application. This information is needed to issue a permit for your project. This form is also used to determine if stormwater management will be required for your project.

STEP 1: CALCULATE EXISTING LOT COVERAGE

A.	_____	sf	existing home / office / building
B.	_____	sf	existing garage
C.	_____	sf	existing shed
D.	_____	sf	existing driveways & walkways
E.	_____	sf	existing patio (do not include if constructed with pervious pavers)
F.	_____	sf	existing pool and coping
G.	_____	sf	existing covered deck
H.	_____	sf	existing other
I.	0.00	sf	total existing lot coverage *(add Lines A through H)*
J.	_____	sf	property size (to find your property size, visit lancasterpa.devnetwedge.com) existing %
K.	0.00%	sf	lot coverage *(Line I divided by Line J)*

STEP 2: CALCULATE PROPOSED LOT COVERAGE CHANGES

L.	_____	sf	for all proposed improvement(s):	_____
M.	_____	sf	for all impervious area(s) to be removed:	_____
N.	0.00	sf	proposed net change in impervious area *(Line L minus Line M)*	

STEP 3: CALCULATE PROPOSED LOT COVERAGE

O.	_____	sf	for all proposed improvement(s):	_____
P.	_____	sf	for all impervious area(s) to be removed:	_____

STEP 4: DETERMINE STORMWATER MANAGEMENT REQUIREMENTS

Q.	0.00	sf	proposed net change in impervious area *(Line N)*
R.	_____	sf	impervious area added 8/6/2003 to present (not included in current stormwater mgmt.)
S.	0.00	sf	area requiring stormwater management *(add Line Q and Line R)*

If Line S is less than 1,000 sf, then the stormwater management is waived for now.

If Line S is between 1,000 and 1,999 sf, a simplified stormwater management plan ("small project") is required.

If Line S is 2,000 sf or greater, then a complete engineered stormwater management plan is required.

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.

_____

SEAL

NOTARY PUBLIC
My commission expires: _____

FOR CODE ADMINISTRATOR USE ONLY
ADDITIONAL PERMITS/APPROVALS REQUIRED

PERMIT # _____

☐	**STREET CUT/DRIVEWAY**	**APPROVED** _____
☐	**PENNDOT HIGHWAY OCCUPANCY**	**APPROVED** _____
☐	**DEP FLOODWAY OR FLOODPLAIN**	**APPROVED** _____
☐	**EROSION AND SEDIMENT CONTROL PLAN**	**APPROVED** _____
☐	**SEWER CONNECTION**	**APPROVED** _____
☐	**ON-LOT SEPTIC**	**APPROVED** _____
☐	**ZONING**	**APPROVED** _____
☐	**PUBLIC WATER CONNECTION**	**APPROVED** _____
☐	**STORMWATER**	**APPROVED** _____
☐	**OTHER** _____	**APPROVED** _____

APPROVALS

BUILDING PERMIT DENIED: **Date** _____ **Date Returned:** _____

BUILDING PERMIT APPROVED: **Date** _____

CODE ADMINISTRATOR _____

Date Issued: _____ **Date Expires:** _____

BUILDING PERMIT FEE	**$** _____	**Receipt #** _____
ZONING PERMIT FEE	**$** _____	**Receipt #** _____
PLUMBING PERMIT ***(if appl.)***	**$** _____	**Receipt #** _____
MECHANICAL PERMIT ***(if appl.)***	**$** _____	**Receipt #** _____
ELECTRICAL PERMIT ***(if appl.)***	**$** _____	**Receipt #** _____
DRIVEWAY PERMIT ***(if appl.)***	**$** _____	**Receipt #** _____
CURB AND SIDEWALK ***(if appl.)***	**$** _____	**Receipt #** _____
CERTIFICATE OF OCCUPANCY	**Y or N**	**FEE: $** _____
PLAN REVIEW	**Y or N**	**FEE: $** _____

ZONING INFORMATION

LOT SIZE: _____ **ZONE:** _____

Minimum Setback Front Yard (from right-of-way line) _____

Minimum Setback Rear Yard _____

Minimum Setback Side Yard – Each Side / Aggregate _____

BUILDING DIMENSIONS

Existing Building Area:	_____ **sq. ft.**	**Number Of Stories:**	_____
Proposed Building Area:	_____ **sq. ft.**	**Height of Structure Above Grade:**	_____ **ft.**
Total Building Area:	_____ **sq. ft.**	**Area of the Largest Floor:**	_____ **sq. ft.**

THIS PAGE FOR CODE ADMINISTRATOR USE ONLY