ZONING PERMIT APPLICATION PACKET

Zoning Permits are needed for projects that do not require a building permit. You will need a zoning permit if you are installing:

- a new fence, or replacing an existing fence
- a shed, greenhouse, or smaller outbuildings that do not include utilities
- a deck that does not include utilities, does not include a roof, and has a surface that is not greater than 30 inches above the ground
- a new driveway, or the widening of an existing driveway
- certain smaller signs without electricity (call us for more information)
- a patio, and
- a retaining wall that is less than four feet high.

Note: Other projects may require a Zoning Permit as well, if you think your project needs a Zoning Permit, please call the Township Zoning Office at (717) 336-1718.

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

1) **ZONING PERMIT APPLICATION**: Complete all applicable sections of the Zoning Permit Application, and sign and date the application.

2) **SITE PLAN**: An accurate and legible site plan that shows existing buildings and proposed improvements, setbacks from property lines, and other information we need to determine if the project meets Township zoning requirements. See the Zoning Permit Application form for more information (page 2).

3) **BUILDING AND IMPERVIOUS COVERAGE CALCULATIONS**: There is a limit to how much impervious surface can be added to any property in the Township. On this form you will calculate how much building and impervious coverage exists today (page 3), and how much will exist after the project is completed. Some of the information you'll need to complete this calculation – like the property size, house dimensions, and tax parcel number – can be found at lancasterpa.devnetwedge.com. Please note you do not need to complete this form if the project adds no net increase to existing impervious coverage *(this mostly includes fences).*

4) **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** (page 4).

5) **HOME IMPROVEMENT CONTRACTOR VERIFICATION**: If your project is being completed by a contractor, State Law requires the contractor to register as a home improvement contractor with the Office of Pennsylvania Attorney General. Contractor is to provide 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.

6) **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.

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

ZONING PERMIT APPLICATION

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

LOCATION:

County: Lancaster

Municipality: East Cocalico Township

Zoning District: ☐ Agricultural ☐ Light Industrial ☐ Suburban Residential ☐ Conservation ☐ Rural Residential ☐ General Commercial ☐ Other *(describe)*

Site Address: _____ Tax Parcel #: 080-_____-0-0000

APPLICANT INFORMATION:

Name _____

Address _____

Phone _____ E-Mail _____
(area code)

APPLICANT INFORMATION: *(if not property owner)*

Name _____

Address _____

Phone _____ E-Mail _____
(area code)

CONTRACTOR INFORMATION: *(if any)*

Name _____

Address _____

Phone _____ E-Mail _____
(area code)

SITE PLAN CHECKLIST:

A plan must be provided with this application, and it doesn't have to be prepared by an engineer, but the site plan must include information needed to determine if the proposed improvements meet Township Code. A permit application will not be reviewed if incomplete site plan is submitted. The site plans must include, where applicable…

①	property boundaries
②	Existing structures
③	Proposed improvements
④	Street(s) that front the property

⑤	Proposed improvement setbacks to all property lines
⑥	Location of on-lot wells and/or on-lot septic systems
⑦	Location of any easements
⑧	Heights of all proposed structures

DESCRIBE PROPOSED WORK:

SOME OTHER ITEMS: Please check all that apply:

My property ☐ is in a homeowners' association (HOA) ☐ possesses steep slopes

☐ includes a stream or other waterway ☐ possesses wetlands

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 Zoning Permit and pursuant to all applicable Township ordinances.
- 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.
- Any proposed changes to this project or use after the Zoning Permit is issued will require approval by the East Cocalico Township Zoning Officer.

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)
K.	0.00%	sf	existing % 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: _____