ALTERNATIVE ENERGY SOURCES (AES) PERMIT APPLICATION PACKET

An Alternative Energy Sources (AES) Permit is required to install new solar, wind, or other alternative energy systems. An AES Permit is also need to repair or expand an existing alternative energy system.

If you're unsure if your project needs an AES Permit, call the Township at (717) 336-1720.

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

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

2) **PLANS & DRAWINGS**. Detailed plans and drawings are required to be submitted with the AES Permit Application. All that required is listed in the application. Note some improvements will require plans or drawings that are signed and sealed by a licensed architect or professional engineer.

3) **BUILDING AND IMPERVIOUS COVERAGE CALCULATIONS**. There is a limit to how much impervious surface can be added to any property in the Township. If your project includes roof-mounted improvements, this doesn't create additional impervious coverage, in which case there's no need to complete the Lot Coverage Calculations & Stormwater Requirements form (page 4). But if the project includes any 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.

4) **CERTIFICATE OF INSURANCE**. If your project is being completed by a contractor (and almost all AES projects are completed by a contractor) your 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 5).

5) **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 to download and print the contractor's license status visit hicsearch.attorneygeneral.gov (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.

7) **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

ALTERNATIVE ENERGY SOURCES (AES) 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)

DESIGN PROFESSIONAL INFORMATION:

Name: _____

Address: _____

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

CHECK THE APPROPRIATE CIRCLE(S):

- ○ new roof-mounted solar system
- ○ new ground-mounted solar system
- ○ new wind system
- ○ new other system type _____
- ○ repair or expansion to only to an existing solar, wind or other system

- ○ residential property
- ○ non-residential property

DESCRIBE IN DETAIL THE SCOPE OF WORK:

PLANS & DRAWINGS REQUIRED TO BE SUBMITTED: Four copies of the below must be submitted:

1) a plan that shows all existing and proposed improvements;

2) a site plan that shows property lines, proposed equipment setbacks to all property lines, and the location of on-lot septic systems, on-lot wells, and/or easements on the property;

3) specifications for all equipment and products to be installed;

4) all applications for residential roof-mounted systems must be accompanied by details of the roof structure (i.e., framing details, type of roof & lumber species, finish with ceiling or open rafters), mounting details (i.e., unit weight & dimensions), and detailed descriptions of any other items currently installed on the roof, including the item size, location, and weight;

5) all applications for non-residential systems must be accompanied by **four** sets of drawings that are signed and sealed by a licensed architect or professional engineer; and,

6) all applications for ground-mounted systems must be accompanied by manufacturer's specifications and installation requirements. If the system is not pre-engineered by the manufacturer, signed and sealed engineered drawings must be submitted.

7) all applications for solar panels must be accompanied by a letter of need pursuant to requirements of §220 – 31E(14)(h) of the East Cocalico Township Code of Ordinances if the applicant is seeking to install panels of any locational rank other than 1. No "letter of need" is required for locational rank 1 solar installations.

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: _____
00/00/0000

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: _____