MOBILE / MANUFACTURED HOME PERMIT APPLICATION PACKET

This permit application is to construct a **new manufactured home only**. If you are looking to expand or improve an **existing** manufactured home, complete and submit a building permit.

MOBILE / MANUFACTURED HOME PERMIT APPLICATIONS MUST INCLUDE THE FOLLOWING ITEMS.

INCOMPLETE APPLICATIONS WILL BE RETURNED TO THE APPLICANT.

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

2) **WITH THIS APPLICATION PROVIDE FOUR COPIES OF:** (a) the site plan, (b) all drawings, plans, details, and specifications, (c) the manufacturerôs DAPIA-approved design and instructions for installation of the home, (d) installers certification from DCED, (e) for properties served by private sewer ï septic system design permit, (f) for properties served by public sewer ï copy of East Cocalico Township Authority permit (g), for properties served by public water - copy of East Cocalico Township Authority permit; (h) for properties serve by a new driveway - copy of the Township driveway permit; and, (i) for properties with a home to be demolished - copy of the Township demolition permit.

3) **A DETAILED SITE PLAN**. Provide a detailed, accurate, and legible site plan that shows existing buildings and proposed improvements, setbacks from property lines, and the other information we need to determine if the project meets Township requirements.

4) **BUILDING AND IMPERVIOUS COVERAGE CALCULATIONS**. There is a limit to how much impervious surface can be added to any property in the Township. Complete the Lot Coverage Calculations & Stormwater Requirements form (page 4) 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 the calculations (like property size, house dimensions, and tax parcel number) can be found at lancasterpa.devnetwedge.com/.

5) **CERTIFICATE OF INSURANCE**. If your project is being completed by a contractor – as are most manufactured home projects – 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 5).

6) **STORMWATER MANAGEMENT PLAN**. A stormwater management plan is required to be submitted with submitted with the application. The Township Engineer will review this plan to confirm all meets Township stormwater requirements. This plan is most often prepared by an engineer or a land planner familiar with stormwater management. If you are not familiar with stormwater management it is highly recommended you contract with someone who possesses this experience. A permit will not be issued until a stormwater management plan has been approved by the Township Engineer.

7) **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.

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

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

INSPECTION SCHEDULE

The issuance of a building permit requires you to comply with the building code during construction and to receive the mandated inspections prior to building the next phase. Inspections must be scheduled twenty-four (24) hours in advance, unless special instructions are provided in the permit. YOU MUST PASS INSPECTION BEFORE YOU PROCEED TO THE NEXT STAGE OF CONSTRUCTION. If you proceed prior to passing, the Inspector will require the construction to be taken apart and re-done.

ELECTRICAL INSPECTIONS

MINIMUM TWENTY-FOUR (24) HOUR WORKING NOTICE IS REQUIRED

PLEASE NOTE: As the appointed Third-Party Agency, Technicon Enterprises, Inc., II will perform all electrical inspections for all permitted work under the Uniform Construction Code. To schedule please call (610) 286-1622, ext. 100.

INSPECTION #1

FOOTINGS, STORM WATER CONTROLS

MINIMUM TWENTY-FOUR (24) HOUR WORKING NOTICE IS REQUIRED

This inspection is to be scheduled AFTER excavation is completed and forming for footings, reinforcement and grade stakes have been installed. Concrete **MAY NOT** be poured until this Inspection has been completed and approved by the Inspector. Prior to this inspection, ALL storm water and sedimentation controls must be installed per the approved Erosion and Sedimentation Control Plan. **Note**: Footings are required to meet manufacturer's specifications. Property lines or setback lines must be staked accurately to verify proper placement. Site drainage has to be addressed per the IRC 2018.

INSPECTION #2

(FULL FOUNDATION ONLY)
FULL FOUNDATION – FOUNDATION BACKFILL

MINIMUM TWENTY-FOUR (24) HOUR WORKING NOTICE IS REQUIRED

This inspection will be made upon completion of foundation and foundation drains but PRIOR to any backfilling and placement of the manufactured home. All parging and waterproofing shall be completed prior to this inspection. Foundation drains shall also be inspected at this time. UNDER NO CIRCUMSTANCES IS BACKFILLING OR PLACEMENT TO BE STARTED UNTIL PASSING INSPECTION #2

INSPECTION #3

PRIOR TO SKIRTING INSPECTION
ANCHORING, PLUMBING AND ELECTRICAL CONNECTIONS

MINIMUM TWENTY-FOUR (24) HOUR WORKING NOTICE IS REQUIRED

This inspection will be made when the mobile home is in position and anchored per manufacturer's specification, but without the skirting in place. Plumbing and electrical connections and site drainage considerations per the IRC 2018.

INSPECTION #4

FINAL INSPECTION AND ISSUANCE OF CERTIFICATE OF OCCUPANCY

MINIMUM TWENTY-FOUR (24) HOUR WORKING NOTICE IS REQUIRED

The final inspection shall be made upon completion of the structure. Prior to the final inspection the following items shall be completed: grading, seeding, installation of the driveway and an electrical service inspection sticker must be placed on the electrical service panel. In addition to these items, approved house numbers shall be provided for all new buildings in such a position as to be plainly visible and legible from the street or road fronting the property.

The following items must be submitted prior to or at the time of final inspection:

1) Signed "Approved for Use" on-lot sewage permit
2) Signed "Approved for Use" well permit
3) Certificate of Compliance from the installer
4) Approved driveway permit if applicable

No Use and Occupancy Permit will be issued until the Inspector has determined that the structure is in full compliance with the approved building plans and provisions of all codes.

NOTE: NO DWELLING OR STRUCTURE MAY BE OCCUPIED IN ANY MANNER UNTIL THE ISSUANCE OF A FINAL USE AND OCCUPANCY PERMIT. ANY DEVIATION FROM THE APPROVED BUILDING PLANS SUBMITTED WITH YOUR ORIGINAL APPLICATION MUST BE APPROVED BY THE BUILDING CODE OFFICIAL, IN WRITING, BEFORE PROCEEDING WITH ANY CHANGE.

EAST COCALICO TOWNSHIP

100 Hill Road, Denver, PA 17517

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

MANUFACTURED HOME PERMIT APPLICATION PACKET

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)

SITE PLAN CHECKLIST:

A site plan must be provided with this application. The site plan must include information needed to determine if the proposed improvements meet building code, zoning, and other Township requirements. A permit application will not be reviewed if incomplete plan is submitted. The plans must include, where applicable…

①	property boundaries	⑥	proposed home setbacks to all property lines
②	existing structures	⑦	location of on-lot wells and/or on-lot septic systems
③	proposed improvements	⑧	location of any easements and rights-of-way
④	street(s) that front the property	⑨	heights of all proposed structures
⑤	driveway location and slope	⑩	limits of earth disturbance & total area (sf) disturbed

PLEASE PROVIDE THE FOLLOWING INFORMATION:

- Length of home: _____ feet
- Width of home: _____ feet
- Area of largest floor: _____ square feet
- Total area: _____ square feet
- Number of stories: _____
- Structure height: _____ feet *(average grade to roof peak)*
- Foundation type: _____ pier *(min. 24" diameter, min, 36" deep)*
  _____ pad
  _____ perimeter wall
  other _____
- Anchoring method type: ☐ Ground Anchors ☐ Oliver System ☐ Pier
  Other: _____
- Full basement: ☐ Yes ☐ No Deck: ☐ Yes ☐ No Covered porch: ☐ Yes ☐ No
- Sanitary sewer: New ☐ Existing ☐ Public ☐ Private ☐ If private, provide permit number: # _____
- Water: New ☐ Existing ☐ Public ☐ Private ☐ If private, provide permit number: # _____
- Is an existing home to be removed? ☐ Yes ☐ No
  If yes, what is the square footage _____square feet *(if yes, attached demolition permit)*

FLOOD HAZARD: The owner/agent shall verify that any proposed construction and/or development activity complies with the requirements of the National Flood Insurance Program and the PA Flood Plain Management Act (Act 166 1978), specifically Section 60.3.

- Any portion of the property located in a flood hazard area? ☐ yes ☐ no
- Any portion of the flood hazard area be developed? ☐ yes ☐ no

The lowest floor elevation is _____ feet above sea level.

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.

- 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 applicant assume 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.

- By signing this application, 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.

- Any proposed changes to this project or use after this 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.

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