



ZONING PERMIT AND INSPECTION PROCESS

§ 184-51. Zoning permits.

A zoning permit shall be required prior to a change in use of land or buildings or the commencement of excavation for, or the erection, construction, relocation or alteration of any building, structure or sign or any portion thereof. No permit shall be required for repairs or maintenance of any building, structure or grounds, provided that such repairs do not change the use or otherwise violate the provisions of the Zoning Ordinance or any other applicable ordinance, statute or regulation. **[Amended 11-17-1987 by Ord. No. 67; 5-14-1990 by Ord. No. 82]**

1. Homeowner or contractor submits the completed Zoning Permit Application.
 - Stake-off (or mark using white construction paint) the area where the structure will be constructed or installed.
 - Once the area is staked-off (or marked using white construction paint), contact the Zoning Officer to schedule an inspection at 717-859-3201 or email sservice@westearltwp.org. Please provide at least 24-hours' notice. ***Inspections will be scheduled on Tuesdays and Thursdays.***
2. The Zoning officer will visit the property at the scheduled times to:
 - Confirm the size is as stated on the permit application.
 - Confirm the placement is as stated on the permit application.
 - Take photographs after construction is complete.
 - Confirm the structure will not be in a stormwater easement, floodplain, or utility easement.
3. When the project passes the first inspection the zoning permit will be issued. The applicant must start the project within 6 months. The zoning permit is valid for two years.
6. When the project is complete, contact the Zoning Officer for the final inspection. The Zoning Officer will verify that the size and placement of the structure matches the approved plans submitted with the application.
7. After the final inspection, a Certificate of Compliance will be issued and mailed to the Applicant.

WEST EARL TOWNSHIP

157 W. Metzler Rd
P.O. 787 Brownstown,
PA 17508
www.westearltp.org
Phone: (717) 859-3201
Fax: (717) 859-3499

Office Use Only

Date of Receipt: _____
Permit Number: _____
Zoning District: _____
County Parcel ID Number: 210- _____
MCSJ Appl. ID# _____

APPLICATION FOR ZONING PERMIT

This application must be filled-out completely. An incomplete application will not be processed.

Applicant's Name: _____ Telephone No. _____

Address: _____ Email: _____

Owner's Name: _____ Telephone No. _____

Address: _____ Email: _____

Address of Property: _____

Describe the proposed improvements: _____

Describe the proposed use of the improvements: _____

Is the proposed work in or adjacent to an identified floodplain area? _____

Are there any easements on the property (stormwater, sewage, utility, etc.)? _____

SPECIFICATIONS

Length of Structure: _____ Width: _____ Height: _____

Type of Construction: _____ The Structure will contain _____ sq. ft. of usable floor space.

Approximate Date of completion: _____ The complete cost of the improvements: \$ _____ (required)

PROVIDE TWO (2) SETS OF SITE PLANS WHICH CLEARLY SHOW THE FOLLOWING:

- The dimensions and shape of the lot to be built upon with the location and dimensions (length & width) of all existing buildings on the lot. (Page 2 of this application may be used to draw the site plan)
- The location and dimensions (length, width & height) of all proposed buildings or additions to buildings and off-street parking and/or loading facilities.
- The setback dimensions for all proposed buildings or additions to buildings, measured from the side and rear property lines and the abutting street centerline.
- The location of sanitary sewer and water supply facilities.
- For AG projects provide a copy of the Conservation Plan.

Date

Applicant's Signature

Do not write below this line

West Earl Township Fees	Inspections*
Permit Fee:	<i>Inspections by the zoning officer will be required if a zoning permit is issued</i>
DCED Training Fee:	<input type="checkbox"/> Initial Inspection (before proposed improvements) Date:
Municipal Fee:	<input type="checkbox"/> Final Inspection Date:
Total Fee:	<input type="checkbox"/> Certificate of Use/Occupancy Issued Date:

For Zoning Officer's Use Only

The application is: Approved () Denied ()

Date

Zoning Officer's Signature

WEST EARL TOWNSHIP

157 West Metzler Road, P.O. Box 787 Brownstown, PA 17508

Phone: 717-859-3201 Fax: 717-859-3499

datadept@westearltwp.org

Contractor Listing

PERMIT # _____**General Contractor**

Business Name:		
Contact:	Telephone:	
Address:		
City:	State:	Zip:
Fax:	Cell:	Office/Other:

Electrical Contractor

Business Name:		
Contact:	Telephone:	
Address:		
City:	State:	Zip:
Fax:	Cell:	Office/Other:

Plumbing Contractor

Business Name:		
Contact:	Telephone:	
Address:		
City:	State:	Zip:
Fax:	Cell:	Office/Other:

HVAC Contractor

Business Name:		
Contact:	Telephone:	
Address:		
City:	State:	Zip:
Fax:	Cell:	Office/Other:

Contractor

Business Name:		
Contact:	Telephone:	
Address:		
City:	State:	Zip:
Fax:	Cell:	Office/Other:

SITE PLAN

The site plan should show the lot size, existing and planned structures, existing and planned driveways and parking areas, interior and exterior storage areas, and all significant features such as flood plains, wetlands, easements, and drainage ways shall be submitted with this application.

West Earl Township Stormwater Management Exemption & Small Project Application

Applicant's Name: _____ Telephone No. _____

Address: _____

Owner's Name: _____ Telephone No. _____

Address: _____

Address of Property: _____

Stormwater Management Submission Type: () Exempt () Small Project/Minor Stormwater Management Plan

<u>Exempt submission:</u>	<u>Small project submission:</u>
Proposed impervious area _____ sq. ft. (stormwater worksheet*)	Proposed impervious area _____ sq. ft. (stormwater worksheet*)
Prior impervious area installed since Jan 1, 2005* _____ sq. ft.	Prior impervious area installed through other small projects* _____ sq. ft.
Total _____ sq. ft. (Must not exceed 1,000 sq. ft.)	Total _____ sq. ft. (Must not exceed 5,000 sq. ft. **)
* Information and/or document may be obtained from the West Earl Township office	
**If project exceeds 5,000 square feet of impervious area a stormwater management plan with approvals will be required	

Property Owner Acknowledgement - I declare that I am the property owner, or authorized representative of the owner, and that the information provided is true and accurate to the best of my knowledge. I understand that stormwater may not adversely affect adjacent properties or be directed onto another property without written permission. I also understand that false information may result in a stop work order or revocation of permits. Municipal representatives are also granted reasonable access to the property for review and/ or inspection of this project if necessary.

Signature _____ Date _____

West Earl Township Receipt

Date Received _____ Fee Submitted _____

West Earl Township Approval

Signature _____ Date _____

Please note that if you are installing between 1,001 and 5,000 square feet of new impervious area then submission of a small project stormwater plan will be required before a building and/or zoning permit will be issued. Please visit the Township's website at www.westearltwp.org to download the small projects stormwater worksheets or contact the office at 717-859-3201 or email datadept@westearltwp.org.