

SPRING GROVE BOROUGH YORK COUNTY, PENNSYLVANIA

Zoning & Codes Department
Phone: 717-225-5791 - Extension 4

Zoning Permit Procedures

PLEASE READ IN ITS ENTIRETY BEFORE RETURNING APPLICATIONS

A Zoning Permit application is used for all items NOT falling under the PA UCC Building Code. If work is not exempt from the UCC a Building Permit Application would be used. Starting with the correct form will save time.

TIME FRAME: Applications and plans are reviewed on a first come first serve basis. Permits will be issued as promptly as possible, remember to plan ahead. Residential construction documents will be reviewed within 15 working days or less. Commercial or those other than one & two family dwellings will be reviewed within 30 working days or less.

IF YOU ARE NOT 100% SURE PLEASE CALL THE OFFICE.

SUBMISSION REQUIREMENTS: Must be included to be complete.

1. Read the entire application package first so you know how to prepare.
2. A paperwork checklist for your use is enclosed to help you return everything.
3. Return the completed, signed, dated application along with a plot plan showing proposed improvements.
4. If application is approved a zoning permit can now be issued and requires a check made payable to Spring Grove Borough for the permit fees.
5. If all payments are received the permit is issued and is good for one (1) year from the date of issue. Time extensions are NOT guaranteed if needed. Work must begin within 180 days from issue or the permit becomes invalid.
6. DID YOU CALL PA ONE CALL? 3-day notice required before digging!!

**ALL CONSTRUCTION DOCUMENTS ARE FILED BY ADDRESS
FOR AN INDEFINITE PERIOD OF TIME AT THE MUNICIPALITY**

IMPORTANT PHONE NUMBERS

Spring Grove Borough Main Office	717-225-5791
PA One Call	811 or 800-242-1776
International Code Council	215-638-0554
York CountyConservation	717-240-7430
York CountyCourthouse -Main	717-771-9675
York CountyCourthouse - Assessing	717-771-9232
York CountyCourthouse - Mapping	717-771-9730
York CountyCourthouse - Planning	717-771-9870
PA Dept of Transportation - York	717-848-6230

Zoning Permit Application Checklist

- Review zoning ordinance, setbacks and lot size for compliance
- Complete zoning permit application
- Plot plan showing all dimensions of existing and proposed improvements
- Plans are folded 8.5 x 11
- Workers compensation or proof of insurance

SPRING GROVE BOROUGH APPLICATION FOR ZONING PERMIT

USE THIS FORM FOR ALL PA UNIFORM CONSTRUCTION CODE EXEMPT PROJECTS

LOCATION OF PROJECT

Site Address:	<input style="width: 95%;" type="text"/>	City	<input style="width: 95%;" type="text"/>	State	<input style="width: 20px;" type="text"/>	Zip Code	<input style="width: 95%;" type="text"/>
Property Owner (s):	<input style="width: 95%;" type="text"/>						
Owners Address: <i>(if different)</i>	<input style="width: 95%;" type="text"/>	City	<input style="width: 95%;" type="text"/>	State	<input style="width: 20px;" type="text"/>	Zip Code	<input style="width: 95%;" type="text"/>
Owners Home Phone:	<input style="width: 100px;" type="text"/>	Owners Cell Phone:	<input style="width: 100px;" type="text"/>	Owners Email:	<input style="width: 150px;" type="text"/>		

CONTRACTORS INFORMATION

General Contractor:	<input style="width: 95%;" type="text"/>	Phone:	<input style="width: 95%;" type="text"/>	Fax:	<input style="width: 95%;" type="text"/>
Contact Person:	<input style="width: 95%;" type="text"/>	Phone:	<input style="width: 95%;" type="text"/>	Fax:	<input style="width: 95%;" type="text"/>
Additional Specialty:	<input style="width: 95%;" type="text"/>	Phone:	<input style="width: 95%;" type="text"/>	Fax:	<input style="width: 95%;" type="text"/>

MUST BE COMPLETED

ESTIMATED COST OF IMPROVEMENT: <input style="width: 150px;" type="text"/>	OWNERSHIP: <input type="checkbox"/> Private <input type="checkbox"/> Public
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TYPE OF WORK	TYPE OF USE	
<input type="checkbox"/> Accessory Building* <input type="checkbox"/> Deck Under 30 Inches* <input type="checkbox"/> Roof Replacement* <input type="checkbox"/> Siding* <input type="checkbox"/> Patio or Sidewalk* <input type="checkbox"/> Fence - Not for Pools* <input type="checkbox"/> Alteration* <input type="checkbox"/> Windows* <input type="checkbox"/> Gutters* <input type="checkbox"/> Repair, Replacement* <input type="checkbox"/> Other Explain: <div style="border: 1px solid black; height: 50px; margin-top: 5px;"></div>	<h3 style="margin: 0;">RESIDENTIAL</h3> <p>Change of Use Created: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Attached: <input type="checkbox"/> Detached: <input type="checkbox"/></p> <input type="checkbox"/> One Family Dwelling <input type="checkbox"/> Two Family Dwelling <input type="checkbox"/> Multi Family - # of Units <input style="width: 40px;" type="text"/> <input type="checkbox"/> Accessory Building <input type="checkbox"/> Other Explain: <div style="border: 1px solid black; height: 50px; margin-top: 5px;"></div>	<h3 style="margin: 0;">NON-RESIDENTIAL</h3> <p>Change of Use Created: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <input type="checkbox"/> Industrial <input style="width: 150px;" type="text"/> <input type="checkbox"/> Commercial <input style="width: 150px;" type="text"/> <input type="checkbox"/> Hospital, Institutional <input style="width: 150px;" type="text"/> <input type="checkbox"/> Office, Professional <input style="width: 150px;" type="text"/> <input type="checkbox"/> Transient Hotel, Motel, Dormitory # of Transient Units = <input style="width: 40px;" type="text"/> <input type="checkbox"/> Service Station, Repair Garage <input type="checkbox"/> Other Explain: <div style="border: 1px solid black; height: 50px; margin-top: 5px;"></div>

***MUST MEET THE EXEMPTION REQUIREMENTS OF PA ACT 45 UCC, OR A BUILDING PERMIT APPLICATION IS REQUIRED.**

ZONING PERMIT APPLICATION PAGE 3

CHARACTERISTICS OF BUILDING

PROPOSED SIDING TYPE(S)	PROPOSED ROOF TYPE	BUILDING DIMENSIONS
<input type="checkbox"/> Vinyl <input type="checkbox"/> Wood <input type="checkbox"/> Metal or Aluminum <input type="checkbox"/> Masonry - Brick, Stone, Block <input type="checkbox"/> Stucco or Dryvit <input type="checkbox"/> Other Explain: <div style="border: 1px solid black; width: 200px; height: 20px; margin-top: 5px;"></div>	<input type="checkbox"/> Asphalt Shingle <input type="checkbox"/> Metal <input type="checkbox"/> Wood <input type="checkbox"/> Rubber <input type="checkbox"/> Other Explain: <div style="border: 1px solid black; width: 200px; height: 20px; margin-top: 5px;"></div>	<div style="border: 1px solid black; width: 80px; height: 25px; display: inline-block;"></div> Total Building Area (Sq Ft)-Less than 1,000 <div style="border: 1px solid black; width: 80px; height: 25px; display: inline-block;"></div> Lot Size (Sq Ft) <input style="width: 30px; height: 20px;" type="text"/> Acres <div style="border: 1px solid black; width: 80px; height: 25px; display: inline-block;"></div> Building Height (Feet) Overall Size <input style="width: 30px; height: 20px;" type="text"/> x <input style="width: 30px; height: 20px;" type="text"/>

FLOODPLAIN - Is the site located within an identified flood hazard area? YES NO

WETLANDS - Is the site located within an identified wetland area? YES NO

HISTORICAL AREA- Is the site located within a Historical District? YES NO

HOMEOWNERS - Is the site located within a Home Owners Association Community? YES NO

If yes to the above list contact information: Name: Phone:

DESCRIBE IN DETAIL WHAT YOU ARE PROPOSING:

The owner of this property and the undersigned agree to conform to all State, Federal and Local laws and ordinances of Spring Grove Borough and that by signing this application further states that any misrepresentation of the facts set forth on this application will result in criminal and civil penalties as set forth in the PA Crimes Code Title 18, Sections 4903 and 4904 dealing with false statements. I also certify that the proposed work is authorized by the property owner of record and that I have been authorized by the owner to make this application as his/her authorized agent.

I understand permits may be required by the County or other State and local agencies and it is my responsibility to obtain any required permits prior to the start of construction. I understand that this application is for zoning related work only, and any work requiring inspections or any work falling under UCC requirements will not be performed under this application.

Signature of Applicant / Representative: _____ Date:

Print Name: Title/Rep:

ZONING PERMIT APPLICATION PAGE 4

WORKERS COMPENSATION INSURANCE COVERAGE INFORMATION

A. The applicant is a contractor within the meaning of Pennsylvania Workers Compensation Law

YES NO If "yes" complete Sections B & C below as applicable

B. Insurance Information:

Name of Applicant:

Federal or State Employer Identification Number

Applicant is a Qualified Self-Insurer for Workers Compensation Certificate Attached

Name of Workers Compensation Insurer

Workers Compensation Insurance Policy Number Certificate Attached

Policy Expiration Date

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 Pennsylvania 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 Borough.

Religious exemption under the Workers Compensation Law.

Subscribed and sworn to before me this

Signature of Applicant: _____

Address:

City State Zip Code

My commission expires:

County of

Seal

Municipality of

PLEASE ATTACH COPY OF INSURANCE CERTIFICATE!