## APPLICATION FOR BUILDING PERMIT CARROLL TOWNSHIP, YORK COUNTY

555 CHESTNUT GROVE ROAD, DILLSBURG, PA. 17019 PHONE: 717-432-4951 FAX: 717-502-8807

## RESIDENTIAL FEE SCHEDULE ATTACHED

BUILDING PERMIT NUMBER:	ZONING	ZONING PERMIT #		SEWAGE PERMIT #	
OWNER'S NAME/ADDRESS/PHON	NE				
FORMER OWNER	DRI	VEWAY: STATE ROADW	AYTOW	NSHIP ROADWAY	
CHECK ITEMS: New Building	Alteration	Repair	ESTIMATED COST		
Location of constructionStree	et Address	Lot No.	Section	Name of development	
Map/Parcel Number		2001100	5664011	Tunic of development	
Type of construction  Dwelling etc.	No. of rooms	e of building (check) Residen	ce Apartment_	Business Industry	
Number of stories If business	s or industry do you have	e State Permit?	_ Foundation Constr	ction	
Floors Roof Framing	Exterior W	/alls: Frame Stone	Brick	Block or multiple	
Heat: Oil Fired Gas Stoker	_ Hand Hot Air _	Hot Water Steam _	Radiant Bas	seboard Radiators	
Electric Number of bathrooms	Powder Room	Modem Kitchen	Water Supply: \	Well Municipal	
Is plumbing involved in construction	Yes/No Sewer System	Yes/No	Yes/No		
Size of Lot: Front footage l	Depth footage	Size of building	Aggregate	of side yards in ft	
Minimum side yard, one side in feet	Front yard	l set back in feet	Rear yard depth	in feet	
Name and address of Contractor					
Is Electrical wiring involved in construction	on? New Se	ervice?Extension	1?		
		OT, SET BACK SIDE AND cost of labor and materials at			
Estimated Date of completion of construct	tion:	_		Signature of Applicant	
	OFFICI	E USE ONLY THIS PAR	 Г		
Permit Fee \$	Review Fee	\$	Inspection Fe	e \$	
Occupancy Fee \$	(\$25.00 – New	Residential Construction	or Additions) U	.C.C.Fee \$	
Received by:		Date:		_	
Additional Fees \$					
Received by:		Date:		_	
Plan Approved by:		Date:		-	
Approved for Board of Superv	risors			ermit Expiration Date	

## WORKERS' COMPENSATION INSURANCE COVERAGE INFORMATION (Attach to building permit application)

A.	THE APPLICANT IS:
A co	ntractor within the meaning of the Pennsylvania Workers' Compensation Law?
	YES – complete Sections B and C below as appropriate
	NO - explain:
B.	INSURANCE INFORMATION:
Nam	e of Applicant:
Fede	eral/State Employer Identification No
Appl	licant is a qualified self-insurer for workers' compensation
	Certificate attached.
	OR
Name	e of Workers' Compensation insurer
	Policy Number Expiration date:
	Certificate attached.
C.	EXEMPTION:
	Complete Section C if the applicant is a contractor claiming exemption from providing workers' compensation insurance.
	nitialing, the undersigned swears that he/she is not required to provide worker's compensation insurance r the provisions of Pennsylvania's Workers' Compensation Law for one of the following reasons, as indicated:
	Contractor with no employees
	Religious exemption under the Workers' Compensation Law

## D. SUBCONTRACTORS

By signing this form, contractor is certifying that no additional employees or subcontractors may be hired for this work without showing proof of additional insurance coverage and contractor further accepts any and all liability for any subsequent activities on the premises for which he has obtained a building permit application including but not limited to, the requirement to carry worker's compensation insurance coverage on all subcontractors and all employees. Contractor has been provided a copy of the worker's compensation law regarding the duty to require worker's compensation insurance coverage on all subcontractors and all employees. Contractor further understands and agrees that Carroll Township has no duty, responsibility or liability, in any way, for contractor failure to obtain or produce insurance coverage on said additional employees or subcontractors.

Subscribed and sworn to before me this	Signature of applicant		
day of, 20	Address		
	Country of		
My commission expires:	County of  Municipality of		