

# Building Permit Application Carroll Township

555 Chestnut Grove Road, Dillsburg, PA 17019

Ph: 717-432-4951 Fax: 717-502-8807



Building Permit # \_\_\_\_\_ Zoning Permit # \_\_\_\_\_

Property Location: \_\_\_\_\_

Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_

Name of Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

Address of Owner: \_\_\_\_\_

Name of Contractor: \_\_\_\_\_ Phone: \_\_\_\_\_

Address of Contractor: \_\_\_\_\_

PA Contractor #: \_\_\_\_\_ (Provide contractor's Insurance Certificate)

Type of Construction:  Commercial  Residential  
 New Construction  Alteration/Addition  Shed  Pool  
 Sign  Other: \_\_\_\_\_

Description of Proposed Work: \_\_\_\_\_

Does the Project Involve: Electrical Wiring: YES / NO Plumbing: YES / NO

Type of Sewage Disposal:  Public  Private (on-lot disposal) (Provide sewer & water permits or septic system permits for all proposed dwellings)  
Type of Water Supply:  Public  Private (well)

Estimated Cost: \_\_\_\_\_ Proposed Square Feet of Living Space: \_\_\_\_\_

### PERMIT REQUIRES THREE (3) SETS OF CONSTRUCTION DRAWINGS

By signing this application, the applicant certifies that all information 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 requirements of the Township. The owner/applicant assume the responsibility of locating all property lines, setback lines, easements, right-of-way, floodplains, etc. Issuance of 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 Township or any other governing body. The applicant certifies that they understand the applicable Codes, Ordinances, and Regulations.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

#### Township use Only

Permit Fee: \_\_\_\_\_ Application Fee: \$10.00 U.C.C Fee: \$4.50

Occupancy Fee: \_\_\_\_\_ Review Fee: \_\_\_\_\_ Inspection Fees: \_\_\_\_\_

Received By: \_\_\_\_\_ Date: \_\_\_\_\_

Approved for the Board of Supervisors

Date

Permit Expiration Date

SETBACKS: \_\_\_\_\_ Front \_\_\_\_\_ Right  
\_\_\_\_\_ Rear \_\_\_\_\_ Left

DATE: \_\_\_\_\_  
PERMIT #: \_\_\_\_\_ (office use)

### CARROLL TOWNSHIP BUILDING PERMIT WORKSHEET

MODEL TYPE: \_\_\_\_\_  
SUBDIVISION: \_\_\_\_\_  
LOT #: \_\_\_\_\_  
Address: \_\_\_\_\_

OVERALL SIZE: \_\_\_\_\_ X  
GARAGE: \_\_\_\_\_ X

Lot Square Feet: \_\_\_\_\_

Total rooms: \_\_\_\_\_

No. of Bedrooms: \_\_\_\_\_

No. of full baths: \_\_\_\_\_

Est. cost of construction: \_\_\_\_\_

Est. value of construction: \_\_\_\_\_

Height: \_\_\_\_\_

Basement GSF: \_\_\_\_\_ Finished: \_\_\_\_\_ Unfinished: \_\_\_\_\_

1st Floor GSF: \_\_\_\_\_ Finished: \_\_\_\_\_ Unfinished: \_\_\_\_\_

2nd Floor GSF: \_\_\_\_\_ Finished: \_\_\_\_\_ Unfinished: \_\_\_\_\_

Garage GSF: \_\_\_\_\_ Stoop: \_\_\_\_\_

Deck: \_\_\_\_\_ Covered Porch: \_\_\_\_\_

TOTAL FINISHED: \_\_\_\_\_ SF. TOTAL UNFINISHED: \_\_\_\_\_ SF. (including garage)

Basement base sq. ft. \_\_\_\_\_ First floor base sq. ft. \_\_\_\_\_ Second floor base sq. ft. \_\_\_\_\_

Basement Options:  
\_\_\_\_ unfinished basement  
\_\_\_\_ rough in bath  
\_\_\_\_ service door  
\_\_\_\_ walkout/welled exit  
\_\_\_\_ finished basement + \_\_\_\_\_  
\_\_\_\_ powder room + \_\_\_\_\_  
\_\_\_\_ full bath w/sh/tub + \_\_\_\_\_  
\_\_\_\_ rec room  
\_\_\_\_ bedroom  
\_\_\_\_ laundry room  
\_\_\_\_ utility room  
\_\_\_\_ other \_\_\_\_\_ + \_\_\_\_\_  
\_\_\_\_\_ + \_\_\_\_\_

First Floor Options:  
\_\_\_\_ sun room + \_\_\_\_\_  
\_\_\_\_ 2 car garage  
\_\_\_\_ 3 car garage  
\_\_\_\_ side load garage  
\_\_\_\_ laundry room  
\_\_\_\_ porch or deck + \_\_\_\_\_

Second Floor Options:  
\_\_\_\_ bonus room + \_\_\_\_\_

Cosmetic Options:  
\_\_\_\_ fireplace - dir vent  
FR \_\_\_\_\_ MBR \_\_\_\_\_ Bsmt \_\_\_\_\_

HEAT: \_\_\_\_\_ Gas \_\_\_\_\_ Elec

WATER SERVICE: \_\_\_\_\_ Public \_\_\_\_\_ Private

SEWER SERVICE: \_\_\_\_\_ Public \_\_\_\_\_ Private

Septic Permit # \_\_\_\_\_

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

**A. THE APPLICANT IS:**

A contractor within the meaning of the Pennsylvania Workers' Compensation Law?

\_\_\_\_\_ YES – complete Sections B and C below as appropriate

\_\_\_\_\_ NO - explain:

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**B. INSURANCE INFORMATION:**

Name of Applicant: \_\_\_\_\_

Federal/State Employer Identification No. \_\_\_\_\_

Applicant is a qualified self-insurer for workers' compensation

\_\_\_\_\_ Certificate attached.

**OR**

Name 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.*

By initialing, the undersigned swears that he/she is not required to provide worker's compensation insurance under 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  
day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

My commission expires: \_\_\_\_\_

Signature of applicant \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_  
County of \_\_\_\_\_

Municipality of \_\_\_\_\_

**CARROLL TOWNSHIP POLICE DEPARTMENT**

**ALARM SYSTEM DATA - RESIDENTIAL**

**NAME & ADDRESS:**

**HOME TELEPHONE:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
  
**WORK TELEPHONE:**  
\_\_\_\_\_

**ALARM SYSTEM:**

	<b>YES/NO</b>	<b>SILENT or AUDIBLE</b>
<b>BURGLAR ALARM</b>	_____	_____
<b>SMOKE or FIRE ALARM</b>	_____	_____
<b>OTHER (Specify)</b>	_____	_____

**IS THE ALARM TRANSMITTED VIA THE TELEPHONE?** \_\_\_\_\_

**IF THE ALARM IS TRANSMITTED BY OTHER MEANS, PLEASE SPECIFY.** \_\_\_\_\_

**IS THE ALARM SYSTEM HOOKED TO THE DOORS AND/OR WINDOWS?** \_\_\_\_\_

**ARE THERE ANY INTERNAL ALARMS, SUCH AS MOTION DETECTORS, INFRARED SENSORS, ETC.?** \_\_\_\_\_

**COMPANY OR PERSON(S) WHO INSTALLED ALARM SYSTEM:**

**NAME:** \_\_\_\_\_ **TELEPHONE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_

**COMPANY OR PERSON(S) WHO SERVICES ALARM:**

**NAME:** \_\_\_\_\_ **TELEPHONE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_

**RETURN THIS FORM TO THE CARROLL TOWNSHIP POLICE DEPARTMENT.**