

No. _____

LOCATION OF PROPOSED WORK OR IMPROVEMENT		Zoning District _____
Site Address: _____		Tax Parcel # _____
Lot # _____	Subdivision/Land Development: _____	Phase: _____ Section: _____

Owner: _____ Phone # _____ Fax # _____
 Mailing Address: _____ Email: _____

Occupant/Tenant: _____ Phone # _____ Fax # _____
 Mailing Address: _____ Email: _____

Contractor: _____ Phone# _____ Fax # _____
 Mailing Address: _____ Email: _____

Architect: _____ Phone# _____ Fax # _____
 Mailing Address: _____ Email: _____

TYPE OF WORK OR IMPROVEMENT (Check One)
 New Building Addition Alteration Repair Demolition Relocation
 Foundation Only Change of Use Sprinkler Other Tank Removal/Installation

Describe the proposed work: _____

NOTE: If setting up a manufactured home, the following number is also **REQUIRED**.
 * MANUFACTURED HOUSING BOARD LICENSE # _____

ESTIMATED COST OF CONSTRUCTION (reasonable fair market value) \$ _____

DESCRIPTION OF BUILDING USE (Check One)
RESIDENTIAL
 One-Family Dwelling (R-3) Two-Family Dwelling (R-3) Multi-Family (R-2) Hotels (R-1)

NON-RESIDENTIAL Specific Use: _____ Use Group: _____

Change in Use YES NO If yes, Indicate Former: _____

Maximum Occupancy Load _____ Maximum Live Load _____

BUILDING/SITE CHARACTERISTICS

Number of Residential Dwelling Units: _____ Existing _____ Proposed _____

Mechanical: Indicate Type of Heating / Ventilating / Air Conditioning (i.e. electric, gas, oil, etc.) _____

Water Service: (Check) Public Private **Sewer Service:** (Check) Public Private

Does or will your building contain any of the following:

Fireplace(s): Number _____ Type of Fuel _____ BTU's _____ Type Vent _____

Elevator/Escalators: YES NO **Lifts/Moving Walks:** YES NO

Sprinkler System: YES NO **Pressure Vessels:** YES NO

Refrigeration Systems: YES NO

Permit No. _____
Address _____

BUILDING DIMENSIONS

Existing Building Area: _____ sq. ft.
Proposed Building Area: _____ sq. ft.
Total Building Area: _____ sq. ft.

Number Of Stories: _____
Height of Structure Above Grade: _____ ft.
Area of the Largest Floor: _____ sq. ft.

FLOODPLAIN (This section is REQUIRED to be completed)

Is the site located within an identified flood prone area? (Check One) YES NO

What Zone? (Check One) _____ A _____ AE _____ X

Will any portion of the flood prone area be developed? (Check One) YES NO

Owner/Agent shall verify that any proposed construction activity complies with the requirements of the National Flood Insurance Program and the Pennsylvania Flood Plain Management Act (Act 166-1978), specifically Section 60.3 (d). Fair Market Value of Structures \$ _____

******Start of work must commence within 180 days from the issuance of permit ******

PROPERTY OWNER CERTIFICATION

I, the owner/lessee of the property subject of this building permit do hereby acknowledge that it is my sole responsibility to be certain the exact location of my property lines, as well as any Flood Hazard areas, other covenants, deed restrictions, easements or rights of way encumbering same (as shown on my deed); and by submitting this permit application am certifying that all proposed construction will be in accordance to all required setbacks, based upon my property location.

PROPERTY OWNER SIGNATURE _____ **PRINT NAME** _____
(Original signature is required)

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 assumes 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.

Application for a permit shall be made by the owner or lessee of the building or structure only if there is no contractor involved, or agent of either, or by the registered design professional employed in connection with the proposed work.

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 provisions of the code(s) applicable to such permit.

ORIGINAL SIGNATURE of Property Owner

Print Name of Property Owner

ORIGINAL SIGNATURE of Authorized Agent/Contractor

Print Name of Authorized Agent/Contractor

Contractor Address

Date

Directions to Site: _____

FOR CODE ADMINISTRATOR USE ONLY

ADDITIONAL PERMITS / APPROVALS REQUIRED:

<input type="checkbox"/> STREET CUT/DRIVEWAY	APPROVED _____
<input type="checkbox"/> CUT AND FILL	APPROVED _____
<input type="checkbox"/> PENNDOT HIGHWAY OCCUPANCY	APPROVED _____
<input type="checkbox"/> DEP FLOODWAY OR FLOODPLAIN	APPROVED _____
<input type="checkbox"/> SEWER CONNECTION	APPROVED _____
<input type="checkbox"/> ON-LOT SEPTIC	APPROVED _____
<input type="checkbox"/> ZONING	APPROVED _____
<input type="checkbox"/> HARB	APPROVED _____
<input type="checkbox"/> OTHER _____	APPROVED _____

PROJECT DOCUMENTS (DRAWINGS & CALCULATIONS)

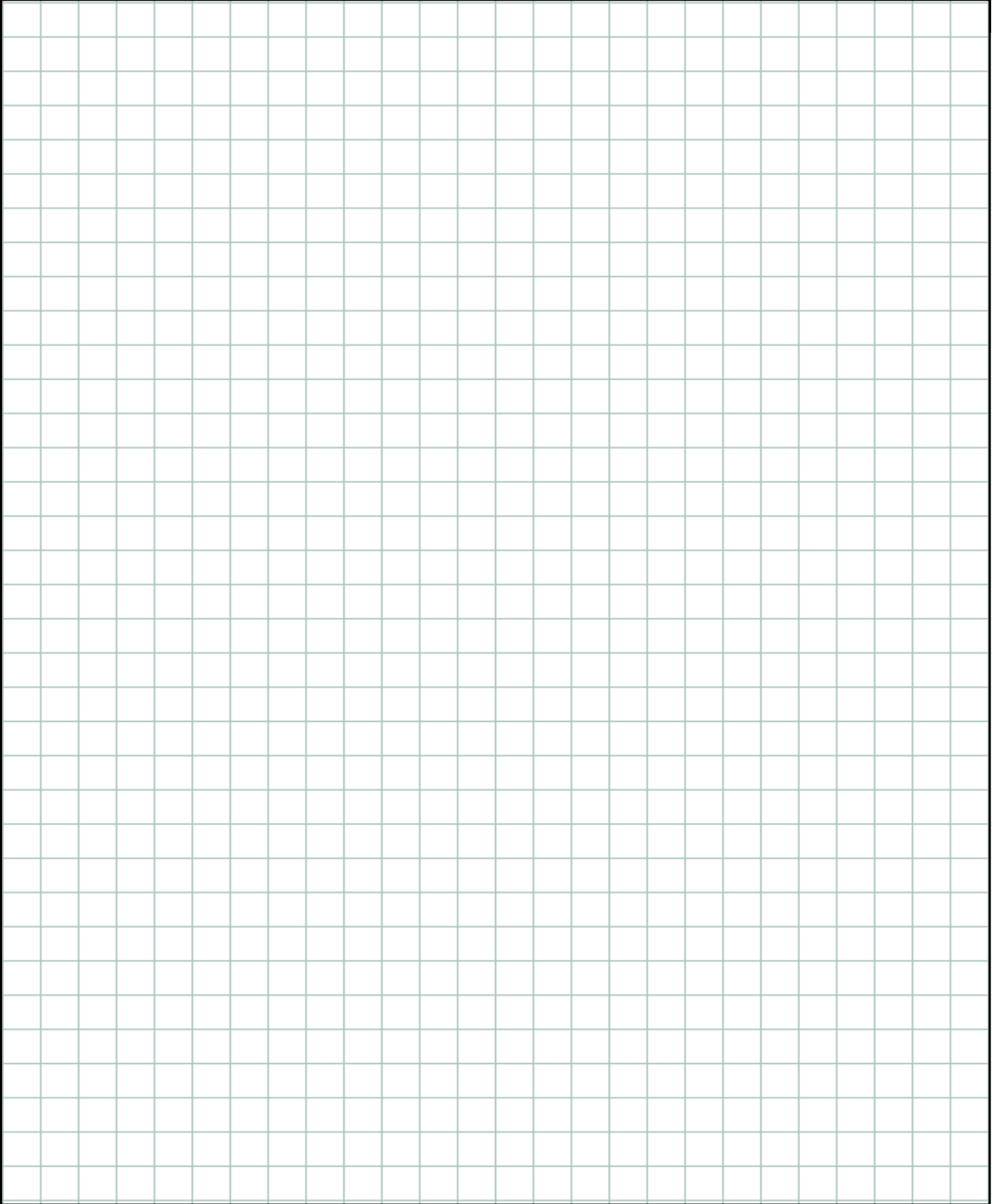
Type of document:	Submitted	Signed & Sealed	Date:	Revision Date:
Foundation Plans	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Construction Drawings	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Electrical Drawings	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Mechanical Drawings	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Plumbing Drawings	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Specifications	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Workers Comp Certificate	<input type="checkbox"/> Yes <input type="checkbox"/> No		_____	_____

APPROVALS:

BUILDING PERMIT DENIED:	Date _____	Date Returned _____
BUILDING PERMIT APPROVED:	_____ Date _____	
ZONING / CODE ADMINISTRATOR	_____	
Date Issued _____	Date Expires _____	PERMIT # _____
BUILDING PERMIT FEE _____	SPRINKLER PERMIT FEE (if appl.) _____	
PLAN REVIEW FEE (if appl.) _____	ZONING PERMIT FEE (if appl.) _____	
TOWNSHIP FEE _____	APPLICATION FEE (if appl.) _____	
PA STATE UCC FEE _____	OTHER _____	
TOTAL DUE		\$ _____

NOTES:

**SITE OR PLOT PLAN – FOR APPLICANT USE – SHOW ALL PROPERTY LINES -LABEL STREETS AND ALLEYS-
ALL EXISTING STRUCTURES**



HANOVER TOWNSHIP - LEHIGH COUNTY

2202 GROVE ROAD ALLENTOWN, PA 18109

P- 610-264-1069 F - 610-264-2773

ZONING USE APPLICATION/PERMIT

(NOTICE – THIS PERMIT IS VOID WITHIN SIX (6) MONTHS OF DATE OF APPROVAL UNLESS WORK OR USE HAS STARTED)

APPLICATION USE PERMIT NO.: _____ ISSUED _____ BLDG. PERMIT NO. _____

A. LOCATION, OWNERSHIP & PRESENT USE OF PROPERTY:

1. Street & Number _____
2. Deed Owner _____
3. Owner's Address _____
4. Present Tenant _____
5. Present Use of Structure _____
If residential, Number of families _____
6. Present Building, Describe _____
7. Present Use of Land _____

Site is located in _____ Zone as shown on Zoning Map

Application is hereby made for a permit to use the premises for the purposes described herewith. The information which follows, together with location diagram, is made part of this application by the undersigned. It is understood and agreed by this applicant that any error, misrepresentation of material fact, either with or without intention on the part of this applicant, such as might or would operate to cause a refusal of this application, or any change in the location, size or use of structure or land made subsequent to the issuance of this permit, without approval of the Zoning Officer, shall constitute sufficient ground for the revocation of this permit. All statements made herein are true and correct and all supporting documents hereto are true and correct and will be adhered to in every respect.

B. PROPOSED USE OF STRUCTURE AND /OR LAND*(SEE BELOW):

1. Type of Work : CHANGE OF USE IN EXISTING STRUCTURE _____ NEW BLDG _____
Change of ownership of Existing Business _____ OTHER _____
2. Proposed Use of Structure _____
If residential – No. of families _____
3. Proposed Use of Land _____
4. Proposed Business Name _____
5. Type of Business (Explain) _____

Number of Employees _____

Number of Company owned vehicles _____

6. Do you report hazardous materials to Lehigh County? _____ To the State? _____
7. Do you have a Risk Management Plan per EPA 40 CFR part 68? _____
8. Do you have Process safety Management per OSHA 29CFR 1910.119? _____

C. OWNER OF BUSINESS: PLEASE PRINT CLEARLY

1. Name of Applicant _____ Phone # _____
2. Address of Applicant _____
3. Owner, Lessee or Authorized Agent _____

Certified that all information contained in sections A, B & C above is correct and will be adhered to:

Applicant's ORIGINAL Signature _____

Print Name _____

Email Address _____

Date of Application _____

DO NOT WRITE BELOW THIS LINE!!

REFERENCE:

Plan is attached hereto Yes _____ No _____ - Parking Plan - Seating Plan – (where applicable)

D. APPROVAL & DATES OF ACTION TAKEN:

1. Application Approved Yes _____ No _____ (Date) _____

Zoning Officer _____

2. REASON FOR DENIAL OF APPLICATION _____

NOTE: This permit applies to USE only and shall not relieve applicant from obtaining such other permits as may be required by law. **NOTICE:** Violation of any provision of this ordinance by any owner or lessee or other person shall constitute a violation of Hanover Township zoning ordinance and appropriate enforcement will ensue.