

MANHEIM BOROUGH  
60 W Colebrook Street  
Manheim, PA 17545  
PHONE: (717) 665-2461  
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## APPLICATION FOR ZONING PERMIT

### RESIDENTIAL/ NON-RESIDENTIAL



|                                                                                                                                                                                                                                                                                                                                                                                                         |                 |                                     |                                                                                                                                                                                                                                                                                                                                                                                                          |                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|
| PROPERTY TAX PARCEL #                                                                                                                                                                                                                                                                                                                                                                                   | Date Received:  | Application complete?<br><b>Y N</b> | Date of contact for incomp. app.                                                                                                                                                                                                                                                                                                                                                                         | Date of Complete Application: |
| Zoning District:                                                                                                                                                                                                                                                                                                                                                                                        | Historic Class: | Floodplain:                         | SW Permit / Exemption?                                                                                                                                                                                                                                                                                                                                                                                   | Bldg Permit?                  |
| Fee: \$                                                                                                                                                                                                                                                                                                                                                                                                 | Date Pd:        | Approved / Denied Date:             | Permit #                                                                                                                                                                                                                                                                                                                                                                                                 | Zoning Officer (s)            |
| PROJECT ADDRESS                                                                                                                                                                                                                                                                                                                                                                                         |                 |                                     |                                                                                                                                                                                                                                                                                                                                                                                                          |                               |
| CITY, STATE, ZIP                                                                                                                                                                                                                                                                                                                                                                                        |                 |                                     |                                                                                                                                                                                                                                                                                                                                                                                                          |                               |
| PROPERTY OWNER'S NAME                                                                                                                                                                                                                                                                                                                                                                                   |                 |                                     | PHONE NUMBER                                                                                                                                                                                                                                                                                                                                                                                             | EMAIL                         |
| ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                 |                 |                                     | CITY, STATE, ZIP                                                                                                                                                                                                                                                                                                                                                                                         |                               |
| APPLICANT'S NAME (if different from property owner)                                                                                                                                                                                                                                                                                                                                                     |                 |                                     | PHONE NUMBER                                                                                                                                                                                                                                                                                                                                                                                             | EMAIL                         |
| ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                 |                 |                                     | CITY, STATE, ZIP                                                                                                                                                                                                                                                                                                                                                                                         |                               |
| CONTRACTOR'S NAME                                                                                                                                                                                                                                                                                                                                                                                       |                 |                                     | PHONE NUMBER                                                                                                                                                                                                                                                                                                                                                                                             |                               |
| ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                 |                 |                                     | CITY, STATE, ZIP                                                                                                                                                                                                                                                                                                                                                                                         |                               |
| PROJECT CONTACT PERSON                                                                                                                                                                                                                                                                                                                                                                                  |                 |                                     | PHONE NUMBER                                                                                                                                                                                                                                                                                                                                                                                             | EMAIL                         |
| COST OF CONSTRUCTION \$                                                                                                                                                                                                                                                                                                                                                                                 |                 |                                     |                                                                                                                                                                                                                                                                                                                                                                                                          |                               |
| <b>Current Use(s):</b> Number of Uses? _____ Number of Units? _____<br>Owner Occupied? Yes <input type="checkbox"/> No <input type="checkbox"/> Rental? Yes <input type="checkbox"/> No <input type="checkbox"/><br>Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Mixed <input type="checkbox"/><br>Recreational <input type="checkbox"/> Accessory <input type="checkbox"/> |                 |                                     | <b>Proposed Use(s):</b> Number of Uses? _____ Number of Units? _____<br>Owner Occupied? Yes <input type="checkbox"/> No <input type="checkbox"/> Rental? Yes <input type="checkbox"/> No <input type="checkbox"/><br>Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Mixed <input type="checkbox"/><br>Recreational <input type="checkbox"/> Accessory <input type="checkbox"/> |                               |

DESCRIPTION OF PROJECT (e.g. deck, shed, change of use, etc.) \_\_\_\_\_

Application for a permit shall be made by the property owner or the owner's authorized agent. The property owner assumes the responsibility of locating all property lines, setback lines, easements, rights-of-way, etc. Issuance of a zoning permit does not grant or imply approval or waiver of any other governmental or agency regulations or requirements.

- Many construction projects require a building permit. Contact Commonwealth Code at 717-664-2347 for information.
- Projects involving impervious areas require stormwater approval. Contact Lancaster Civil at 717-799-8599 for information.
- If your project is in a floodplain or historic district, the zoning officer will provide you with the applicable information. The owner certifies that he/she understands all the applicable regulations necessary to proceed with the project.

I agree that the zoning officer, or the zoning officer'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.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Owner Signature (if different from Applicant) \_\_\_\_\_ Date \_\_\_\_\_

◇ Workers' Compensation Certificate must be attached for all construction related work

◇ Sketch Plan with Dimensions must be provided (see reverse side for EXAMPLE)

Borough Ordinances can be found on the borough website and at <https://ecode360.com/MA2384>

# SAMPLE Plot Plan

This is an example only - please use separate sheet for your Plot Plan

Plot plan must show ENTIRE property, and all existing and proposed structures and improvements (e.g. house, shed, driveway, fence, deck, impervious areas, etc.). Include their location as well as the dimensions of each, and the distance from proposed improvements to all property lines.

