

BUILDING / ZONING PERMIT APPLICATION

CLAY TOWNSHIP
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TAX PARCEL # _____ PERMIT # _____

TYPE OF PERMIT BEING APPLIED FOR:

BUILDING ZONING DEMOLITION

TYPE OF USE:

RESIDENTIAL COMMERCIAL AGRICUTURAL

PROJECT DESCRIPTION:

- NEW BUILDING
- ADDITION TO BUILDING
- EXTERIOR ALTERATION
- INTERIOR ALTERATION
- ACCESSORY BUILDING
- SIGN
- OTHER _____

TOWNSHIP USE ONLY:

PLAN REVIEW/INSPECTION(S) FEES: _____

PCCA ADMIN FEE: _____

ZONING PERMIT FEE: _____

TOTAL FEE DUE TOWNSHIP: _____

DATE PAID/ISSUED: _____

PROPOSED USE:

- DWELLING _____
- TOWNHOUSE W/ _____ UNITS
- APARTMENT W/ _____ UNITS
- ATTACHED GARAGE
- DETACHED GARAGE
- AG USE _____

IMPROVEMENT COST: _____ **STRUCTURE SQ FOOTAGE:** _____

STRUCTURE WIDTH _____ **DEPTH** _____ **HEIGHT** _____

Brief Description of Project: _____

ALL permit applications require a **plot plan** of the land showing all dimensions and exact location of existing and proposed structures and/or alterations, setback dimensions for all existing and proposed items on the lot, and the location of sanitary sewer and water supply facilities on the lot.

LOCATION OF PROPERTY _____

SUBDIVISION OR DEVELOPMENT _____

PROPERTY OWNER _____

ADDRESS _____

PHONE _____ EMAIL _____

GENERAL CONTRACTOR _____

ADDRESS _____

PHONE _____ EMAIL _____

FRAMING CONTRACTOR _____

ADDRESS _____

PHONE _____ EMAIL _____

ELECTRICAL CONTRACTOR _____

ADDRESS _____

PHONE _____ EMAIL _____

PLUMBING CONTRACTOR _____

ADDRESS _____

PHONE _____ EMAIL _____

HEATING CONTRACTOR _____

ADDRESS _____

PHONE _____ EMAIL _____

FOUNDATION CONTRACTOR _____

ADDRESS _____

PHONE _____ EMAIL _____

INSURANCE INFORMATION IS REQUIRED – APPLICANT MUST CIRCLE ONE:

- 1. INDEPENDENT CONTRACTOR: no employees; submit notarized Worker’s Compensation Insurance Exemption form
- 2. PRIMARY CONTRACTOR: provide Certificate of Liability Insurance listing Clay Township as the Certificate Holder
- 3. PROPERTY OWNER: assumes all insurance/liability responsibilities for permit

Acknowledgement – I declare that I am the property owner, or representative of the owner, or authorized representative of the owner, and that the information provided is true and accurate to the best of my knowledge. I understand that false information may result in a stop work order or revocation of permit. Municipal representatives are also granted reasonable access to the property for review and/or inspection of this project if necessary.

APPLICANTS PRINTED NAME: _____

APPLICANTS SIGNATURE: _____

DATE: _____ **APPLICANTS AFFLIATION IF NOT OWNER:** _____

TOWNSHIP USE ONLY

PROPERTY ZONED: _____

REQUIRED SETBACKS:

FRONT _____ SIDE _____ REAR _____

APPLICATION MEETS ZONING REQUIREMENTS: APPROVED () DENIED ()

DATE: _____ ZONING OFFICER SIGNATURE: _____

TOWNSHIP FINAL SITE VISIT ON _____(Date):

STORMWATER REVIEW COMPLETED _____

ZONING HEARING APPROVAL (IF REQUIRED) _____

PLANNING COMMISSION/BOS APPROVAL (IF REQUIRED) _____