

# Quarryville Borough

300 Saint Catherine Street  
Quarryville, PA 17566

## Application for a Building/Zoning Permit

**Application Type:**  Zoning Permit  Building and Zoning Permit

<b>Third Party Plan Review and Code Inspection Agency</b> <i>(Choose One for Building Permit Only)</i>	<b>BOROUGH USE ONLY</b>
<b>COMMONWEALTH CODE INSPECTION SERVICE</b> <input type="checkbox"/> <b>Attn: Pete Kingsley</b> 176 Doe Run Road Manheim, Pa 17545 Phone: (717) 278-0964	Base Fee: \$ _____ UCC Administrative Fee: \$ _____ UCC Training Fee: \$ _____ Certificate of Occupancy : \$ _____ Other(____): \$ _____
<b>MUNICIPAL SOLUTIONS, INC.</b> <input type="checkbox"/> <b>Attn: John D. Coldiron</b> 845 Waterway Road Oxford, PA 19363 Phone: (610) 587-9952	<b>Total</b> \$ _____ Received Date: _____ Issue Date: _____

**PERMIT NUMBER:** \_\_\_\_\_ (To Be Completed by Borough BCO)

**TAX PARCEL ACCOUNT NUMBER:** 530-\_\_\_\_\_ **ZONING DISTRICT:** \_\_\_\_\_

### APPLICANT

Name of Applicant \_\_\_\_\_  
Address of Applicant \_\_\_\_\_ City \_\_\_\_\_  
Phone # \_\_\_\_\_ Email \_\_\_\_\_

### OWNER OF RECORD

Name of Owner \_\_\_\_\_  
Address of Owner \_\_\_\_\_ City \_\_\_\_\_  
Phone # \_\_\_\_\_ Email \_\_\_\_\_

### PROJECT INFO

New Building  Addition  Alteration  Repair  Demolition  Relocation  
 Foundation Only  Change of Use  Plumbing  Mechanical  Electrical

Location of Project \_\_\_\_\_

Brief Description of Project \_\_\_\_\_  
\_\_\_\_\_

Cost of Construction \_\_\_\_\_ Sq. Footage \_\_\_\_\_

Proposed Impervious \_\_\_\_\_ square feet

Proposed Earth Disturbance \_\_\_\_\_ square feet

**General Contractor**

General Contractor _____
Address _____
Phone _____ Fax _____ Mobile _____

**A. The applicant or the applicant's contractor is:**

- 1. A contractor within the meaning of Act 44 of the Pennsylvania Workers' Compensation Law  
 Yes       No

If the answer is Yes, complete Sections B & C below, as appropriate

- 2. A Homeowner  
 Yes       No

Note: If you are a homeowner applying for a Building Permit on behalf of a contractor, the contractor must complete this form and provide any required documentation.

**B. Insurance Information:**

Name of Applicant \_\_\_\_\_  
Federal or State Employer Identification Number \_\_\_\_\_  
Applicant is a qualified self-insurer for Workers' Compensation  
 Certificate attached  
Name of Workers' Compensation Insurer \_\_\_\_\_  
Workers' Compensation Insurance Policy Number \_\_\_\_\_  
Workers' Compensation Insurance Policy Expiration Date \_\_\_\_\_

**C. Exemption:**

Complete and notarize Section C if the Applicant is a contractor claiming exemption from providing Workers' Compensation Insurance. The undersigned swears or affirms that he/she is not required to provide Workers' Compensation Insurance under the provisions of Pennsylvania Workers' Compensation Law for one of the following reasons, as indicated:

- Contractor with no employees. Contractor prohibited by law from employing any individual to perform work pursuant to this building permit unless contractor provides proof of insurance to the Borough.
- Religious exemption under the Workers' Compensation Law.

Subscribed and sworn to before me this

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Signature of Notary Public

My commission expires: \_\_\_\_\_  
(SEAL)

Signature of Applicant \_\_\_\_\_  
Name of Firm \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ Date \_\_\_\_\_

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 assume 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, or agent of either, or by the registered design professional employed in connection with the proposed work.

***I hereby authorize the designated Borough officials to enter on the property and to investigate, inspect, and examine the Property set forth herein, including land and structures, to determine compliance with the Construction Code and to determine the accuracy of the statements contained herein.***

I am aware that I cannot commence excavation or construction until the Borough has issued a Building or Zoning Permit. By signing this Application, I certify that all facts in the Applicant and all accompanying documentation are true and correct. This Application is being made by me to induce official action on the part of the Borough, and I understand that any false statements made herein are being made subject to the penalties of 18 Pa. C.S. §4904 relating to unsworn falsification to authorities.

I expressly acknowledge that the issuance of a Building or Zoning Permit is based upon the facts stated and representations made in this Application. I expressly acknowledge that the Borough may revoke a Building or Zoning Permit if the use and/or structure for which it has been issued violate any applicable Borough, County, State or Federal law or regulation. I also expressly acknowledge that the Borough may revoke a Building or Zoning Permit if it has been issued in error or if issuance was based upon any misrepresentations or errors contained in the Application or otherwise made by the Applicant.

I acknowledge that the holder of a Building or Zoning Permit is responsible to insure compliance with all applicable Borough Ordinances during and at completion of the work authorized by the Permit. I acknowledge that the Borough requires a final inspection be performed by the construction code official and that the Borough issue a certificate of occupancy before the structure which is authorized by this permit may be occupied. It is my responsibility to insure that this inspection is scheduled and the certificate of occupancy obtained before the structure may be occupied. I acknowledge that if I occupy or permit the occupancy of this structure prior to the issuance of a certificate of occupancy under the Construction Code, I will have committed a violation of the Construction Code and will be subject to the penalties and remedies in the Construction Code Ordinance. I also acknowledge that, if the structure is occupied prior to the final inspection, work may have to be removed and re-executed in order that it may be adequately inspected. If the Borough is required to perform an inspection after the structure is occupied, intending to be legally bound hereby, I agree to pay the fee established by the Borough for delinquent inspections.

Nothing contained in this Application shall be construed to relieve or limit the obligations of the Applicant to comply with all provisions of the Zoning Ordinance or to waive violations of the Zoning Ordinance or any other Borough ordinances or to estop the Borough from enforcing Borough ordinances, including but not limited to the Zoning Ordinance. I expressly acknowledge that permits and certificates of use and occupancy may be required under the Zoning Ordinance and it is my obligation to obtain all permits and approvals the Zoning Ordinance requires before the structure, which is authorized by the Building Permit, may be occupied.

**SIGNATURE  
REQUIRED**

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

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

Design Professional of Record (Required for Commercial Applications)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_ FAX: \_\_\_\_\_

Certification or Registration: \_\_\_\_\_

**NOTE:**

**All permit applications shall be returned to:**

**Solanco Engineering Associates, LLC**

103 Fite Way, Suite C

Quarryville, PA 17566

**Mark A. Deimler, PE, Zoning Officer/Building Code Official**

*or*

**Tiffany L. Pannell, Assistant Zoning Officer/Office Manager**

**Phone: (717) 786-0355      Fax: (717) 786-8030**

**Email:      [Mark@SolancoEngineering.com](mailto:Mark@SolancoEngineering.com)  
                 [Tiffany@SolancoEngineering.com](mailto:Tiffany@SolancoEngineering.com)**

## **SKETCH PLAN**

**PLEASE SHOW IMPROVEMENT PROPOSED AND DIMENSIONS TO PROPERTY LINES AND  
CENTERLINE OF ROADWAY**