

APPLICATION FOR LAND USE PERMIT

ANTRIM TOWNSHIP FRANKLIN COUNTY, PENNSYLVANIA

Tax Parcel(s) #: A -

APPLICATION FOR A LAND USE PERMIT AND ZONING APPROVAL OF PROPOSED CONSTRUCTION OR USE OF AN EXISTING BUILDING OR LAND.

PERMITS VALID FOR EIGHTEEN (18) MONTHS
ALL PERMIT FEES ARE NON-REFUNDABLE

Application is hereby made for a permit to modify your current land use herein described or to utilize an existing building or land in conformity to the Antrim Township Code of Ordinances. Applicant agrees that such work will be done as described and that it will comply with all provisions of the Zoning Ordinance, and other applicable ordinances of Antrim Township.

LOCATION OF CONSTRUCTION

Location:
City: State: **PA** Zip Code:
Zoning District:
Subdivision:
Lot #: Voting District:

PROPERTY INFORMATION

Lot type: Interior Corner Panhandle
Size of Property: Acre(s)
Current Use of Land:
Proposed Use of Land:
Number of buildings presently on lot:

OWNER'S INFORMATION

Name: _____
(Last, First)
Address (1):
Address (2):
City: State: Zip:
Telephone #: - -
Previous landowner:
Additional Information:

BUILDER'S INFORMATION

Company Name:
Contact:
Address:
City: State: Zip:
Telephone #: - -
Fax #: - -
Federal Tax ID #: Affidavit
Workers Compensation Exp. Date: / /

BUILDING INFORMATION

Building Use: Commercial Residential
 Agricultural Other
Type of Structure:
If accessory:
If other:
Size of Structure: Length X Width Height '
Setback from centerline of street: ' ''
Setback from left property line: ' ''
Setback from right property line: ' ''
Setback from rear property line: ' ''
Setback from lot line to driveway: ' ''

FEATURES

Basement: Full Partial Crawlspace Slab
Number of: Rooms ; Bathrooms ; Bedrooms
Stories ;
Interior Walls: Drywall Plastered Other
Exterior Walls: Number of Fireplaces :
Central Air Conditioning: Yes No
Heat: Forced Steam Electric Radiant
 Electric baseboard Hot water baseboard
 Heat Pump Other
Mobile Home Serial #:

UTILITY INFORMATION

Water: On-Lot ATMA GAFSCWA
 If ATMA: Tap fee paid: Yes No
 Water Inspection Permit #: **W-** -

Sewer: On-Lot ATMA
 If ATMA: Tap fee paid: Yes No
 Sewer Inspection Permit #: **S-** -
 On-lot Septic Permit #:

OTHER INFORMATION

Estimated cost of construction:	Application was filed by:	Start
Fee Collected: 0 sq.ft. x = \$0.00	\$0.00 + (Base Rate)	(add.cost) = \$0.00
Square Feet: x = \$0.00	\$0.00 + (Base Rate)	(add.cost) = \$0.00

Other Details:

NOTICE TO ALL APPLICANTS:

Signing of this application verifies all information to be correct to the best of my knowledge; and also grants the Township Officials access to my property for any inspections as the Township feels necessary. All fees are non-refundable.

All water/sewer facilities must be properly inspected prior to occupancy of dwellings. Sewer and water bills will begin immediately upon inspection of the public water/sewer connections. All sewer/water taps shall expire with this permit and are non-refundable.

Pennsylvania Department of Environmental Protection rules and regulations apply to earth moving activities. Signing of this application verifies that you have contacted or will contact the Franklin County Conservation District (FCCD) before the start of earth moving activities. FCCD is located at 185 Franklin Farm Lane, Chambersburg, PA and may be contacted by calling (717) 264-5499.

Applicant's Signature: _____ Date: _____

Township Use Only

Township comments: _____

Approved Permit Issued: _____ By Zoning Officer: _____

THIS PERMIT ONLY AUTHORIZES THE USE OF THE LAND IN THE MANNER AS STATED ON THIS PERMIT. A BUILDING/ CONSTRUCTION PERMIT MUST BE OBTAINED (WHEN APPLICABLE) PRIOR TO ACTUAL CONSTRUCTION FROM ONE OF THE FOLLOWING APPROVED INSPECTION AGENCIES LISTED BELOW:

Accredited Services Inc
 46 South Potomac Street
 Waynesboro, PA 17268
 Phone: (717)762-7065 or (717)597-9915
 Toll Free: 800-778-7474

Commonwealth Code Inspection Service, Inc..
 1102 Sheller Avenue
 Chambersburg, PA 17201
 Phone: (717) 232-0081



APPLICATION FOR ROAD OCCUPANCY PERMIT

ANTRIM TOWNSHIP FRANKLIN COUNTY, PENNSYLVANIA

Township Road Number: T -
Road Name :

LOCATION OF PROPERTY

Location:
City: State: **PA**
Subdivision:
Lot #:

TYPE OF CONSTRUCTION

- Road Opening (Open Cut/Bore)
- Road Signage
- Residential Driveway
- Commercial Driveway

DESCRIPTION OF CONSTRUCTION ACTIVITY:(attach a drawing when applicable)

OWNER'S INFORMATION

Last Name: ,
Address (1):
Address (2):
City: State: Zip:
Telephone #: - -

CONTRACTOR INFORMATION

Company Name:
Contact:
Address:
City: State: Zip:
Telephone #: - -
Fax #: - -

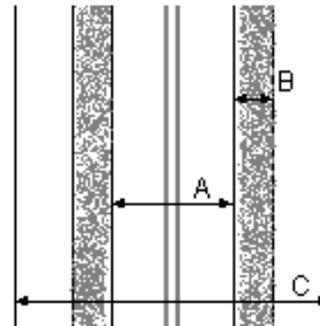
ROAD INFORMATION

Road has a cart way width of: '
Distance from centerline of road to right-of-way: '
Will applicant encroach into the cart way?
 YES NO

Approximate area of disturbance: ' x '

Type of Encroachment:

- A. Opening of Pavement (edge of asphalt to edge of asphalt)
- B. Opening of Shoulder (unimproved berm)
- C. Opening Outside of Shoulder (lawn areas)



NOTICE TO ALL APPLICANTS: Signing of this application verifies the above information to be correct to the best of my knowledge; and also grants the Township Officials access to my property for any inspections as the township feels necessary.

Applicant's Signature: _____ Date: _____

TOWNSHIP ROAD OCCUPANCY PERMIT

ANTRIM TOWNSHIP FRANKLIN COUNTY, PENNSYLVANIA

All work under this permit must be completed
on or before: _____

*Permit void after this date. Immediately upon completion
of the work, permittee should notify the Township.*

PERMIT #: ---

Date Issued: _____

Fee Paid: _____

Permission is hereby granted to:

Permittee: _____,

Address: _____

City: _____ State: _____ Zip: _____

Township Route #: T-

Township: ANTRIM

County: FRANKLIN

Under and subject to all the conditions, restrictions, and regulations prescribed by the Township and on the general provisions and specifications, a true copy whereof is attached and made a part hereof, with the same force and effect as if written or printed herein and under and subject to the special conditions, restrictions, and regulations hereinafter set forth.

General Notes:

- 1.) **Driveway shall be paved within the road right-of-way and the remainder of the driveway shall be a dustfree surface within one year of this approved permit.**
- 2.) **Driveway shall be placed on the property as per on the approved subdivision plan and to maximize sight distance.**
- 3.) **Stormwater flow shall not be obstructed and any swales located on the property shall not be impaired.**

The Township Board of Supervisors, may at any time revoke and annul this permit for non-performance of, or non-compliance with any of the conditions, restrictions, and regulations hereof.

APPROVED: _____
Day Month Year Township Signature

IMPORTANT

The terms and conditions embodied in this permit require the permittee to complete this work by the date specified in the permit. Where permittee fails to comply with the conditions as to completion of work by the time specified, the following rules will govern:

- (a) **Failure to start work by date specified for completion.** Permit will be void unless permittee desires an extension of time, in which case a supplemental permit may be issued.
- (b) **Work started and not completed by specified date.** Permittee will notify Township, prior to expiration of allotted time, of inability to complete the work on or before the date specified and request an extension of time. Such request shall be accompanied by the prescribed fee.
- (c) **Permittee not desirous of carrying out proposed work on account of change in conditions affecting it.** Permittee will notify the Township prior to the date specified for completion that work will not be carried forward, returning the permit with such notice.

The fees to be paid under the conditions in (a), (b) and (c) apply only to permits for which fees are collected in accordance with the fixed schedule.

All notices relative to time extensions or cancellations shall be forwarded to the Township which issued the original permit.

CALL BEFORE YOU DIG!
PENNSYLVANIA LAW REQUIRES
3 WORKING DAYS NOTICE FOR
CONSTRUCTION PHASE AND 10 WORKING
DAYS IN DESIGN STAGE – STOP CALL
Pennsylvania One Call System, Inc.



1-800-2421776



PA One Call Serial No.

Antrim Township
10655 Antrim Church Road
P.O. Box 130
Greencastle, Pennsylvania 17225
Phone: (717) 597-3818
Fax: (717) 597-4257

Permit #:WW- -

**ANTRIM TOWNSHIP
FRANKLIN COUNTY
PENNSYLVANIA
WELL WATER PERMIT**

LOCATION OF WELL CONSTRUCTION

Address of Well:

City:

State: PA

Zip:

Subdivision:

Lot #:

OWNER'S INFORMATION

Last Name:

First Name:

Address(1):

Address (2):

City:

State:

Zip:

Telephone #: - -

BUILDING INFORMATION

Building Use: Residential

Non-residential

If Non-residential what is the use?

WELL DRILLER INFORMATION

Company Name:

Telephone # - -

Address: , City: , State: , Zip

FEE INFORMATION

Received

Received by:

Date: / /

The above named property owner is hereby authorized to drill a well on the property listed in the ADDRESS OF WELL section in accordance with all the regulations listed in Article V of Chapter 110.

APPROVAL OF OPERATION SHALL NOT BE GRANTED UNLESS THE WELL MEETS OR EXCEEDS THE MINIMUM STANDARDS LISTED IN THE CODE OF THE TOWNSHIP OF ANTRIM, CHAPTER 110, ARTICLE V. A WELL WATER REPORT CERTIFIED BY THE OWNER OR WELL DRILLER SHALL BE SUBMITTED TO THE ANTRIM TOWNSHIP UNIFORM CONSTRUCTION CODE OFFICIAL VERIFYING THESE STANDARDS PRIOR TO APPROVAL OF OPERATION.

Approval of operation by: _____

Date: _____

Denial of operation by: _____

Date: _____

Comments (include any reinspection performed):

**ANTRIM TOWNSHIP
FRANKLIN COUNTY
PENNSYLVANIA
WELL WATER REPORT**

THIS FORM SHALL BE COMPLETED FOR EACH WELL DRILLED BY THE WELL DRILLER AND SUBMITTED TO THE BUILDING CODE OFFICIAL PRIOR TO THE ISSUANCE OF AN OCCUPANCY PERMIT. A SEPARATE REPORT SHALL BE SUBMITTED FOR EACH WELL EVEN FOR WELLS THAT FAIL.

Owner of property:	
Address of Property:	
Subdivision and lot #:	
Well Driller:	
Date of Completion:	
Depth of Well:	
Type and size of casing:	
Type of test pump used:	
Depth of casing:	
Static water level:	
Yield in gpm:	
Pump output in gpm:	

THE FOLLOWING TESTS SHALL BE PERFORMED BY A CERTIFIED LABORATORY. ORIGINAL TEST RESULTS FROM THE CERTIFIED LAB SHALL BE SUBMITTED AND ATTACHED TO THIS REPORT AND INCORPORATED HEREIN BY REFERENCE.

1. Total coliform.
2. Iron.
3. Hardness: equivalent calcium carbonates.
4. Fecal coliform.
5. Nitrates.

CERTIFICATION

I _____ of _____ certify that the contents
(PROPERTY OWNER OR WELL DRILLER) (COMPANY NAME OR ADDRESS IF PROPERTY OWNER)
of this report are true and correct to the best of my ability and I being the (property owner/ well driller)
am authorized to certify as such.

NAME PRINTED

SIGNATURE

DATE