

JACKSON TOWNSHIP
APPLICATION FOR BUILDING PERMIT / USE CERTIFICATE
2018 INTERNATIONAL BUILDING CODE SERIES IS ENFORCED

Application Date

Application No.

1. PROPERTY INFORMATION

Tax Map _____

Site Address _____

Parcel No. _____

Zone: Agricultural _____ Commercial _____ Conservation _____ Industrial _____ Residential _____

2. OWNER'S INFORMATION

First Name:

Mi.:

Last Name:

Phone No.:

Street Address:

City:

State:

Zip:

3. BUILDING PERMIT APPLICATION

Description of Work: (provide details on plot plan along with existing structures on lot)

Total Lot Area _____ Acres/Sq. Ft. ESTIMATED COST OF CONSTRUCTION:\$ _____

ESTIMATED START DATE _____ / _____ / _____

ESTIMATED COMPLETION DATE _____ / _____ / _____

Permits Required:

Sewage Certificate Type: Public _____ On Lot _____ Permit No. _____

Driveway Certificate Type: Twp. _____ Penn Dot _____ Permit No. _____

Type of Water System: Public _____ Well _____ Other _____

Storm Water Management ? _____

Soil Erosion Plan ? _____ Soil Conservation Review ? _____

4. CERTIFICATION

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I understand and assume responsibility for the establishment of official property lines for required setbacks prior to the start of construction, and agree to conform to all applicable laws of this jurisdiction. I further certify that this information is true and correct to the best of my knowledge.

APPLICANT SIGNATURE _____ DATE _____

Address _____ Phone No. _____

5. CONTRACTOR INFORMATION

Please list additional general contractor information on additional sheet(s) if applicable

Name of Contractor _____ Phone No _____

Chief Executive Officer _____ Phone No _____

Person in Charge of Work _____ Phone No. _____

Contractor Address _____

City _____ State _____ Zip _____

Proof of "Workman's Compensation" Insurance _____

6. SUBCONTRACTOR INFORMATION

Please list subcontractors for major trades, use additional sheet(s) if applicable

Contractor _____ City, State, Zip _____ Phone No _____

Contractor _____ City, State, Zip _____ Phone No _____

Contractor _____ City, State, Zip _____ Phone No _____

Contractor _____ City, State, Zip _____ Phone No _____

Contractor _____ City, State, Zip _____ Phone No _____

7. OFFICE INFORMATION

APPLICATION FEE: \$ _____ ISSUANCE DATE _____ / _____ / _____

PERMIT FEE: \$ _____ EXPIRATION DATE _____ / _____ / _____

INSPECTION FEES \$ _____ EXTENSION DATE _____ / _____ / _____

TOTAL FEES \$ _____

APPLICATION IS: GRANTED _____ DENIED _____

SIGNATURE OF PERMIT OFFICER _____ DATE _____

Site Plan:

**APPLICANT OR AUTHORIZED AGENT IS RESPONSIBLE FOR CONTACTING COMMONWEALTH CODE
BUILDING INSPECTOR FOR REQUIRED INSPECTIONS. CALL 846-2004 TO SCHEDULE INSPECTIONS.**

JACKSON TOWNSHIP
APPLICATION FOR USE/OCCUPANCY CERTIFICATE
RESIDENTIAL

Tax Map _____ Parcel _____ Property Owner Name: _____

Building Permit No: _____ Applicant Signature: _____

Property Address: _____ Application Date: _____

Previous Use: _____ Proposed Use: _____

B BELOW THIS LINE - FOR TOWNSHIP USE ONLY

Single Family Dwelling Multi- Family Dwelling Manufactured Home
 Deck over 30" in Height Above Ground Pool In-ground Pool w/fence
 Spa/Hot Tub Accessory Structure over 1000' Single Family Addition
 Electrical Service Upgrade AMP Service PV Solar System

Yes No N/A

- Built in accordance with submitted Plan.
- Proposed use complies with Zoning Ordinance (or has ZHB Var. G or SE G Approval.)
- Jackson Twp. Sewer Authority Connection Permit No. _____, inspected by _____ on _____.
- Approved On-Lot Sewage Disposal System (Min 100' from Well) in place.
- Well cover - overlapping cover in place (minimum 2" extension over outside).
- Well capped w/Well Driller's Name, Depth of Well and Depth of Casing.
_____ ft. _____ ft.
- Acceptable potable water analysis? By: _____.
- Is potable water to be treated? If so, for _____.
- York Water Company Service in place?
- Electric service functional? _____ amp service?
- HVAC complete? Heat with _____?
- Driveway (25' Minimum) paving complete?
- Approved Final Inspection from Commonwealth Code Inspection Service?
- Construction debris cleared.
- Property seeded with ground cover?

Miscellaneous

Inspected By: _____ on: _____

Approved On: _____ Denied on: _____ with reason attached.

Copy Mailed/Provided to Owner on:

Fee: \$25.00