

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: _____

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