

**JACKSON TOWNSHIP**  
**APPLICATION FOR BUILDING PERMIT / USE CERTIFICATE**  
**2009 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

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Single Family Dwelling                       | <input type="checkbox"/> Multi Family Dwelling          | <input type="checkbox"/> Manufactured Home      |
| <input type="checkbox"/> Deck over 30" in Height                      | <input type="checkbox"/> Above Ground Pool              | <input type="checkbox"/> In-ground Pool w/fence |
| <input type="checkbox"/> Spa/Hot Tub                                  | <input type="checkbox"/> Accessory Structure over 1000' | <input type="checkbox"/> Single Family Addition |
| <input type="checkbox"/> Electrical Service Upgrade _____ AMP Service | <input type="checkbox"/> 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 <input type="checkbox"/> or SE <input type="checkbox"/> 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.<br>_____ 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 Issues:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Inspected By: \_\_\_\_\_ On \_\_\_\_\_

Approved On: \_\_\_\_\_ Denied on \_\_\_\_\_ with reason attached.

Copy Mailed/Provided to Owner on: \_\_\_\_\_

Fee : \$ 25.00