

Caernarvon Township, Lancaster County

2139 Main Street, Narvon, PA 17555

717-445-4244 Fax: 717-445-7119

www.caernarvonlanaster.org

BUILDING PERMIT INFORMATION

Caernarvon Township allows the selection of **one** of the following inspection agencies for residential and commercial projects. The selected agency shall serve as the Building Code Official for the entire project. **Review fees will be due to the selected agency in the event the applicant chooses to not proceed with the project.** Please initial the agency you wish to use.

☐	Associated Building Inspections, LLC	717-733-1654	www.weknowcodes.com
☐	Code Administrators, Inc	717-859-3350	www.codeadministrators.com
☐	Technicon Enterprises, Inc.	610-286-1622	www.technicon2.com

- *The applicant shall complete the zoning/building permit application and return to the Caernarvon Township Zoning Officer.
- *The Application for Building Permit must be completed if the proposal requires approval under the Uniform Construction Code (UCC).
- *The applicant shall include a sketch of the existing buildings and location of proposed construction (noting all sizes and setbacks) and when applicable, location of sanitary sewer, and water facilities. **It is the applicant's responsibility to be aware of any easements associated with the property.**
- *Zoning compliance (including, but not limited to storm water, driveway permit, HOP, public and/or private water and sewer, necessary agreements) will be verified and submitted to selected agency with (2) sets of construction (work detail) plans for residential and (3) sets of construction (work detail) plans for commercial.
- *The construction plans are reviewed by the selected agency and upon verification of code compliancy, returned to the Township with the applicable fees and an approval to issue the building permit.
- *Property must have a visible street number and when calling for inspection, provide the permit number, address, and inspection needed. Please contact your selected agent for inspections.
- *The applicant will be notified by the Township staff when the application packet is completed and approved by all involved agencies (building code official, storm water, public and/or private water and sewer, driveway permit, HOP permit), and ready for pick-up at the Township Office.
- *All review and inspection fees related to the Building/Construction Permit are made payable to the selected agency and submitted to Caernarvon Township prior to the issuance of the permit. Zoning Permit fees are made payable to Caernarvon Township prior to the issuance of the permit. Cash and checks accepted, no credit cards.
- *A Certificate of Occupancy will be issued **only** upon final inspection of construction and inspection of the approved storm water management plan, if such a plan is required. The Certificate of Occupancy will be issued by the Township.
- *Questions regarding general procedures and those involving specific zoning-related issues should be directed to Robin Royer, Caernarvon Township Zoning Officer at 610-987-9290, or via email at rroyer@ltlconsultants.com The zoning officer also has hours by appointment, Thursday afternoon, at the Township Office.

CAERNARVON TOWNSHIP
APPLICATION FOR ZONING/BUILDING PERMIT

PERMIT #:

DATE REC'D

Applicant's Name:

Telephone No.:

Address:

Owner's Name:

Telephone No.:

Address:

Address of Property:

Description of New Structure or Modification:

Construction Will Be:

☐

Stone

☐

Brick

☐

Frame

☐

Block

☐

Stucco

☐

Aluminum

☐

Other

Structure/Modification will contain _____ square feet and a height of _____ from grade to the highest point. Dimension: _____ Date of Completion: _____

Value of the Completed Structure or Modification:

(excluding land)

Proposed Use:

PROVIDE THREE (3) SETS OF PLANS WHICH CLEARLY SHOW...

1. Construction plans of sufficient detail to demonstrate compliance with the Township's building code (if applicable).
2. The dimensions and shape of the lot to be built upon.
3. The location and dimensions (length & width) of all existing buildings on the lot.
4. The location and dimensions (length, width, & height) of all proposed buildings or additions to buildings and off-street parking and/or loading facilities.
5. The setback dimensions for all proposed buildings or additions to buildings, measured from the side and rear property lines and the abutting street centerline.
6. The location of sanitary sewer and water supply facilities.
7. A statement indicating the existing and proposed use.

Date

Applicant's Signature

FOR ZONING OFFICER'S USE ONLY

This application is: Approved () Denied ()

Date

Zoning Officer's Signature

Comments:

Zoning Permit Fee:

Building Permit Fee:

Other

Total Fee:

Permit Fee Paid On

Check Number:

Cash:

Zoning District:

Tax Map Number:

County Account Number: 050-

CAERNARVON TOWNSHIP SUPERVISORS

2147 MAIN STREET, NARVON, PA 17555
717-445-4244 FAX: 717-445-7119

CONTRACTOR LISTING

Site Address:

Permit No:

GENERAL CONTRACTOR:

Business Name:

Telephone Number:

Contact:

Cell Number:

Address:

City:

State:

Zip:

Fax Number:

ELECTRICAL CONTRACTOR:

Business Name:

Telephone Number:

Contact:

Cell Number:

Address:

City:

State:

Zip:

Fax Number:

PLUMBING CONTRACTOR:

Business Name:

Telephone Number:

Contact:

Cell Number:

Address:

City:

State:

Zip:

Fax Number:

HVAC CONTRACTOR:

Business Name:

Telephone Number:

Contact:

Cell Number:

Address:

City:

State:

Zip:

Fax Number:

Caernarvon Township Supervisors

LANCASTER COUNTY, 2147 MAIN STREET, NARVON PENNSYLVANIA 17555
(717) 445-4244

WORKERS' COMPENSATION INSURANCE COVERAGE INFORMATION

Effective August 31, 1993, the "Workers' Compensation Reform Act", known as Act 44 of 1993, requires contractors to submit a workers' compensation certificate showing the effective date of the coverage and the signature of the insurer each and every time the contractor applies for a zoning/building permit.

The attached form shall be completed and notarized when the contractor signs the permit application.

If the person signing the permit application is not the contractor, that person should check "No" in Part A of the form and provide a signature at the bottom of the form.

- A. The applicant is a contractor within the meaning of the Pennsylvania Workers' Compensation Law.
☐ Yes ☐ No
If "Yes", complete Sections B & C below as appropriate.

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: _____

Policy Expiration Date: _____

C. Exemption:

Complete 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 provision of Pennsylvania's Workers' Compensation Law for one of the following reasons, as indicated:

☐ Contractor with no employees. Contractor is prohibited by law from employing an individual to perform work pursuant to this building permit unless contractor provides proof of insurance to the Township.

☐ Religious exemption under the Workers' Compensation Law.

Subscribed and sworn to before me this _____ day of _____ 20____

Signature of Notary Public

My Commission Expires: _____

County of _____
Municipality of _____

Signature of Applicant

Address of Applicant