

Permit No. _____

Date: _____

**EPHRATA TOWNSHIP
265 AKRON ROAD
EPHRATA, PA 17522**

**Application For Commercial
Building and Zoning Use Permit**

Property Owner(s) _____ Telephone _____

Address _____ City _____ State _____ Zip _____

Contractor _____ Telephone _____

Address _____ City _____ State _____ Zip _____

Applicant _____ Telephone _____

Address _____ City _____ State _____ Zip _____

E-Mail Address of Applicant _____

Location of the Property _____

Zoning Classification RLD RMD RHD COM IND. AG Other _____

Type of Construction New Addition Repairs / Alterations
 Accessory Building Other _____

Explanation of the Project (Describe in detail the work to be performed):

Total Project Cost \$ _____

For Commercial Projects Only – Choose Inspection Agency – Select One Below:

- Associated Building Inspections Inc. – 717-733-1654
- Code Administrators, Inc. – 717-859-3350
- Commonwealth Code Inspection Service, Inc. – 717-664-2347

CERTIFICATION

All facts in this application and accompanying plans, drawings, surveys, etc., are hereby certified by the applicant to be true and correct, and also certifies that the construction and use will proceed as planned. It is understood that deviations may cause the revocation of any permit or the refusal of a permit. It is further understood that deviations may subject the owner/s, occupants/s, contractor/s, or other appropriate parties to prosecution, fine and/or imprisonment. The zoning permit officer does not guarantee or in any way give any opinions as to any other matters relating to the location or use of the applicant's structure. A zoning permit only reflects conformance of the plan, as submitted, to zoning laws. Applicant alone bears the responsibility of insuring that its lot and structures and uses thereon do not violate other laws, regulations, or rights of neighbors or other parties.

Applicant acknowledges that it has not relied on any oral or written statements of any officer of Ephrata Township as to any matters other than zoning.

Applicant Printed Name

Applicant's Signature

Ephrata Township Fee

Inspection Agency Fee

Zoning Fee \$ _____

Plan Review Fee \$ _____

UCC Fee \$ _____

Inspection Fee \$ _____

_____ \$ _____

Total Twp Fee \$ _____

Total Inspection Agency Fee: _____

(Payable to Ephrata Township)

(Payable to Selected Inspection Agency)

Date Paid _____

Twp. Check # _____

Insp. Agency Check# _____

By: _____, Zoning Officer Date _____

Conditions

ALL CONSTRUCTION MUST CONFORM TO THE PENNSYLVANIA UNIFORM CONSTRUCTION CODE. 24 HOURS NOTICE REQUIRED FOR BUILDING INSPECTIONS. ADDITIONAL CONDITIONS OF THIS BUILDING/ZONING PERMIT ARE LISTED BELOW (IF APPLICABLE).

