



# ZONING AND BUILDING PERMIT APPLICATION

HANOVER TOWNSHIP, Northampton County  
3630 Jacksonville Rd, Bethlehem PA 18017  
Phone 610.866.1140 Fax 610.758.9116

Deposit \$ \_\_\_\_\_  
Date Stamp \_\_\_\_\_

## OWNER/APPLICANT INFORMATION

Site Address: \_\_\_\_\_ Parcel ID # \_\_\_\_\_ Zoning District \_\_\_\_\_  
Applicant Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Owner Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## CONTACT INFORMATION

	Company	Address	Contact Name	Phone/Fax
Architect:	_____	_____	_____	_____
Gen Contractor:	_____	_____	_____	_____
Electrical:	_____	_____	_____	_____
Mechanical:	_____	_____	_____	_____
Plumbing:	_____	_____	_____	_____
Sprinkler/ Fire Protection	_____	_____	_____	_____

## TYPE OF WORK BEING PERFORMED

- New Building  Addition  Alteration  Repair  Renovation  Demolition/Razing  Change of Use  
 Electrical  Mechanical  Plumbing  Sprinkler/Fire Suppression  Swimming Pool (Private / Public)  
 Temporary Structure  Sign  Alarm  Other: \_\_\_\_\_

## DESCRIPTION

## BUILDING/LAND USE

- Residential One-Family Dwelling (R3)  Residential Two-Family Dwelling (R3)  
 Non-residential  
Proposed Use \_\_\_\_\_  
Change of Use  YES  NO If yes, indicate prior Occupant \_\_\_\_\_

## TENANT INFORMATION: (Provide a written business profile detailing the day-to-day operations and statement of conformance with the Township's performance standards.)

Business Name: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Suite No. \_\_\_\_\_ Max Employees/Shift: \_\_\_\_\_ Building/Tenant Space \_\_\_\_\_ Sq. Ft. Hours \_\_\_\_\_  
(Provide details for occupancy)

- USE GROUP:**  A1  A2  A3  A4  A5  B  E  F1  F2  H1  H2  H3  H4  H5  
 I1  I2  I3  I4  M  R1  R2  R3 Care  R3  R4  S1  S2  U

## BUILDINGCONSTRUCTION TYPE: I A I B II A II B III A III B IV V A V B

Fire Suppression  FULL  PARTIAL  NONE

Hazardous Material/Manufacturing?  YES  NO (provide DEP verification of R.F.D. – Request for Determination)

**SETBACK REQUIREMENTS**

Front \_\_\_\_\_ Side \_\_\_\_\_ Rear \_\_\_\_\_ Bldg Height \_\_\_\_\_ Max. Lot Coverage \_\_\_\_\_

Easements: Front \_\_\_\_\_ Side \_\_\_\_\_ Rear \_\_\_\_\_ Zoning Decision Date \_\_\_\_\_

Located in a: Flood Plan  YES  NO  Overlay/Special Conservation District \_\_\_\_\_

**Estimated Cost of Construction**

Building	\$
Electrical	\$
Mechanical	\$
Plumbing	\$
Sprinkler	\$
Other: Elevator	\$
<b>Total:</b>	<b>\$</b>

**Permit Fee (Municipal Use Only)**

Building	\$
Electrical	\$
Mechanical	\$
Plumbing	\$
Sprinkler	\$
Other:	\$
<b>Total:</b>	<b>\$</b>

**Commercial Plan three (3) Submission Sets Required –  
Residential Submit two (2) sets of Construction Detail**

Staff	STAFF: M – Missing I - Incomplete Applicant: P= Provided with Initial Submittal D* = Bid Design-Deferred NA = Not applicable to Project Scope <b>Deferral of any submittal shall be requested in writing from the design engineer for approval by the Building Code Official</b>		
	<b>M/I</b>	<b>P/D</b>	<b>NA</b>
			<b>Construction Plans to Include:</b>
			Site Location Plan / Plot Plan
			Architectural drawings and specifications
			Structural Detail, Specs and Calculation
			Foundation design; calculations and specifications
			Prefabricated construction shall include engineered data
			Plumbing plan and calculations
			Mechanical plan and specifications
			Electrical Plan, including lighting for interior and exterior
			Fire System/Fire sprinkler design with hydraulic calculations
			Gas piping plan, calculations and specifications
			Remodel: Location of rated corridors, walls, exits, accessible bathrooms, include position of existing and proposed sprinkler heads.
			Energy Calculations, CommCheck or ResCheck
			Specialty items to include lighting information – ICC evaluation #, UL Listing #
			Submit elevations showing the position and details tactile signs for accessibility requirements pursuant ICC/ANSI A 117.1

Application for a permit shall be made by the owner or lessee of the building or structure, or agent of either the owner or lessee or by the registered design professional employed in connection with the proposed work.

The applicant certifies that all information on this application is correct and the work will be completed in accordance with the “approved” construction documents and PA Act 45 (Uniform Construction Code) and any additional approved building code requirements adopted by the Municipality. An approval shall not be construed as authority to violate, cancel, or set aside any of the provision of the PA Uniform Construction Code whether stated, implied or omitted in these plans and specifications. The property owner and applicant assume the responsibility of locating all property lines, setback lines, easements, rights-of-way, flood areas, etc. Issuance of a permit and approval of construction documents shall not be construed as authority to violate, cancel or set aside any provisions of the codes or ordinances of the Municipality or any other governing body. The applicant certifies he/she understands all the applicable codes, ordinances and regulations.

I certify that the code administrator or the code administrator's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provision of the code(s) applicable to such permit.

I/WE have received a copy of the application requirements and inspection requirements. I agree to abide by the requirements, and understand failure to comply may result in legal action leading to stop work orders and/or fines. I understand once the permit has been reviewed and assigned a permit number, I am responsible for paying the cost thereof, irrespective of whether I actually use the permit or not. I agree to be liable for all costs required to collect said fee(s).

\_\_\_\_\_  
Print Name Owner or Authorized Agent

\_\_\_\_\_  
Signature of Owner or Authorized Agent

Address \_\_\_\_\_ Date \_\_\_\_\_