

Glen Rock Borough
Application for Zoning and/or Building Permit



Reviewed & Approved by South Penn Code Consultants, LLC
1382 Seven Valleys Road, York, PA 17408

Site Address: _____

OWNER/APPLICANT (Owner MUST sign Page 3)

Name: _____ Phone: _____

Address: _____ Email: _____

CONTRACTOR (If applicable)

Name: _____ Phone: _____

PA Registration No. _____ Email: _____

TYPE OF WORK OR IMPROVEMENT ☐ Residential ☐ Commercial

Project Description:

Project Dimensions:

Length _____ Width _____ Height _____

Setback Measurements From:

Front Property Line _____ ft. Side Property Line _____ ft. Rear Property Line _____ ft.

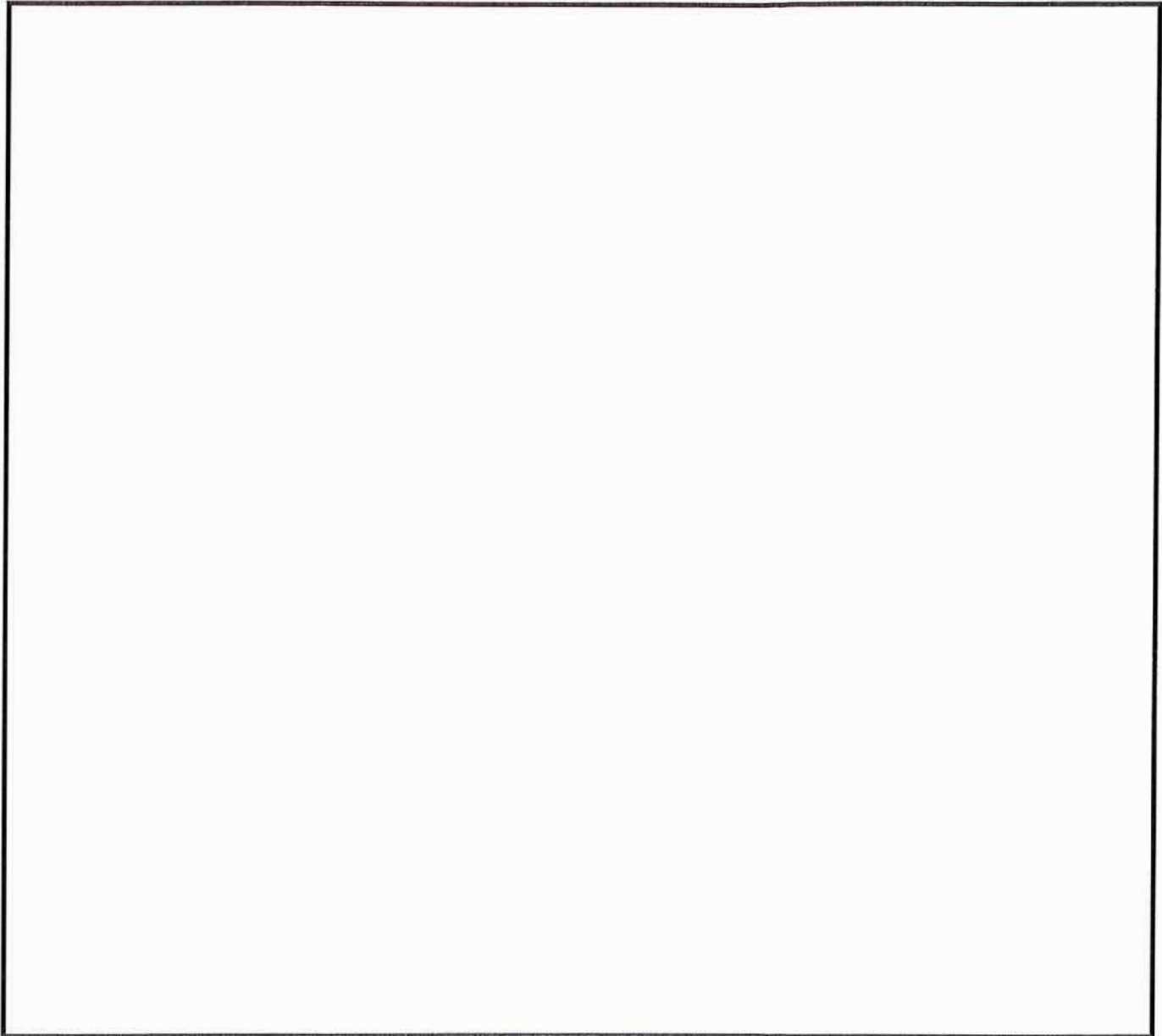
Project cost estimate (\$): _____ (If left blank, application will be denied)

If new home construction/addition, provide total new square footage: _____

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APPLICANT IS RESPONSIBLE FOR LOCATING AND MARKING ALL PROPERTY LINES

SITE PLAN

Unsigned applications will be deemed incomplete and will be returned.

No permits or approvals will be granted until all documentation is complete and all fees are paid.

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Disclaimer & Consent

I hereby certify that I am the owner of record, or that I have been authorized by the owner of record to make this application for the proposed work, and I understand and assume responsibility for the establishment of all official property lines, right-of-way areas, and easements prior to the commencement of any project or construction. Further, I certify that all information provided in this application and all accompanying documentation is true and correct to the best of my knowledge, subject to the penalties of 18 Pa.C.S.A §4904 *Unsworn Falsification to Authorities*, and shall conform to all applicable local, state, and federal laws governing the execution of this project. I understand that failure to comply with applicable laws and regulations, omission or misrepresentation of facts, or change in findings may result in the immediate revocation of any granted approvals.

I hereby grant permission to the Code Official and/or his/her representative to enter the property or areas in which work is being conducted - within the scope of this requested permit, at any reasonable hour, to perform inspections for compliance and to enforce the provisions of all applicable Codes governing this project.

OWNER SIGNATURE _____ **DATE** _____

NOTE: If an agent is acting on the owner's behalf, a signed statement granting permission to said agent must be signed, dated, and submitted along with the application.

MUNICIPAL USE ONLY		
<input type="checkbox"/> Zoning Review	<input type="checkbox"/> Stormwater	<input type="checkbox"/> E&S
<input type="checkbox"/> UCC	<input type="checkbox"/> Driveway	<input type="checkbox"/> Septic / Well Permit
<input type="checkbox"/> Rolled Plans	_____ <i>Reviewed By</i>	_____ <i>Date</i>