

Glen Rock Borough
Application for Zoning Permit



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

Phone: (717) 942-2248

Fax: (717) 942-2476

e-Mail: info@SouthPenn.net

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: _____

MUNICIPAL USE ONLY

APPLICATION DEPOSIT

Due at the time of application submission. Payable to "Glen Rock Borough" (check or cash)

Required? Yes No

Residential Permit: \$100.00
Commercial Permit: \$150.00

Payment Date: _____ Check No.: _____

Glen Rock Borough
Application for Zoning and/or Building Permit



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APPLICANT IS RESPONSIBLE FOR LOCATING AND MARKING ALL PROPERTY LINES

SITE PLAN

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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.

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>