

**Borough of Palmyra**  
Lebanon County, Pennsylvania



**Application for Zoning Permit**

**1. General Information:**

Property Address: \_\_\_\_\_

Tax Parcel ID No. \_\_\_\_\_ Zoning District: \_\_\_\_\_

Property Owner Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Property Owner Address: \_\_\_\_\_

Contractor Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Contractor Address: \_\_\_\_\_

**2. Purpose of Permit Request:**

\_\_\_\_\_ New Residential Construction                      \_\_\_\_\_ New Commercial Construction

\_\_\_\_\_ Addition to Existing Structure                      \_\_\_\_\_ Interior Alterations

\_\_\_\_\_ Porch/Deck – Covered/Uncovered                      \_\_\_\_\_ Fence

\_\_\_\_\_ Swimming Pool                      \_\_\_\_\_ Change of Use

\_\_\_\_\_ Accessory Building – Specify: \_\_\_\_\_

\_\_\_\_\_ Permanent Sign(s)                      \_\_\_\_\_ Special Event Signage

\_\_\_\_\_ Home Occupation\* (Additional Information Required)

\_\_\_\_\_ Other: \_\_\_\_\_

Total Value of Construction: \_\_\_\_\_ Estimated Date of Completion: \_\_\_\_\_

Brief Description of Project: \_\_\_\_\_

\_\_\_\_\_

### 3. Lot & Building Information:

Total Lot Area: \_\_\_\_\_ Square Feet      Lot Depth: \_\_\_\_\_

Lot Width: \_\_\_\_\_      Corner Lot?    \_\_\_\_\_ Yes    \_\_\_\_\_ No

Describe Any Freestanding Structures: \_\_\_\_\_

Coverage: (Includes All Impervious Surfaces)

Existing Lot Coverage: \_\_\_\_\_ Square Feet      \_\_\_\_\_ % of Lot Area

Proposed Lot Coverage: \_\_\_\_\_ Square Feet      \_\_\_\_\_ % of Lot Area

Proposed Building Size: \_\_\_\_\_ Square Feet      Proposed Height: \_\_\_\_\_      Dimensions: \_\_\_\_\_

Type of Construction: \_\_\_\_\_      Number of Stories: \_\_\_\_\_

Setbacks:	<u>Required</u>	<u>Proposed</u>
Front Yard	_____	_____
Left Side Yard	_____	_____
Right Side Yard	_____	_____
Rear Yard	_____	_____

Additional Features:

Are there any easements or deed restrictions on your property? \_\_\_\_\_

Are there any environmentally sensitive features located on the property? (Wetlands/swales/floodplain)

Sewage Disposal System:      Public Sewer      On-Lot Septic      Other: \_\_\_\_\_

Water Supply:      Public Water      Well      Other: \_\_\_\_\_

**4. Plot Plan:** A plot plan showing all existing improvements and proposed construction, including driveways, walkways, environmental features, easements and utilities shall accompany this application. The plan shall include measurements of setbacks from all property lines and from the right-of-way of any road frontage on the property. Adjoining properties shall be labeled. Until such plan is submitted, this application shall not be considered complete and will not be processed.

\*Home Occupations – A narrative of the proposed home occupation and interior floor plan showing the location and dimensions of the space where the home occupation will be conducted must accompany the permit application and plot plan. The narrative must address all of the requirements set forth in Section 441 of the Zoning Ordinance.

**5. Conditions of Approval:** Has the proposed use been granted any necessary approvals for special exceptions, conditional uses and/or variances?

\_\_\_\_\_ Yes    \_\_\_\_\_ No    \_\_\_\_\_ N/A

If yes, please explain how the application complies with the conditions attached to the granting of these approvals.

\_\_\_\_\_  
\_\_\_\_\_

**6. Signature:**

I hereby authorize the designated Borough of Palmyra official to investigate, inspect and examine the Property set forth herein, including land and structures, to determine compliance with the Borough of Palmyra Zoning Ordinance and to determine the accuracy of the statements contained herein.

I am aware that I cannot occupy the Property for the purpose of conducting the use set forth herein and cannot commence excavation or construction until a Zoning Permit has been issued by the Borough of Palmyra. **By signing this application, I certify that all facts in the application and all accompanying documentation are true and correct.** A Zoning Permit may be revoked in the use and/or structure for which it has been issued violates any applicable Borough, County, State or Federal law or regulation, including but not limited to the Borough of Palmyra Zoning Ordinance. This Permit may also be revoked if it has been issued in error, or if issuance was based upon any misrepresentations or errors contained in the application or otherwise made by the applicant.

I acknowledge that the holder of a Zoning Permit is responsible to insure compliance with all applicable Borough Ordinances, and at completion of the work authorized by the permit, I acknowledge that the Borough requires that a final inspection be performed by the Zoning Officer before the structure which is authorized by this permit may be occupied.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Owner)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Applicant, if not the owner)

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**\*For Official Use Only – Do Not Write Below This Line\***

Date of Receipt of Complete Application: \_\_\_\_\_

Application Fee: \_\_\_\_\_ Date of Receipt of Application Fee: \_\_\_\_\_

Action Taken: \_\_\_\_\_ Approved \_\_\_\_\_ Denied Date of Action: \_\_\_\_\_

Reason(s) for Denial, if Applicable: \_\_\_\_\_

Zoning Officer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# WORKER'S COMPENSATION INSURANCE COVERAGE INFORMATION

A. The Applicant or Authorized Agent is

A contractor within the meaning of the Pennsylvania Worker's Compensation Law

\_\_\_\_\_ YES                      \_\_\_\_\_ NO

If the answer is "yes" complete Section B, if "no" complete section C below.

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B. Insurance Information

Name of Applicant \_\_\_\_\_

Federal or State Employer Identification No. \_\_\_\_\_

Applicant is a qualified self-insurer for Worker's Compensation. \_\_\_\_\_ Certificate Attached

Name of Worker's Compensation Insurer \_\_\_\_\_

**Worker's Compensation Insurance Policy**

No. \_\_\_\_\_ Certificate Attached

Policy Expiration Date: \_\_\_\_\_

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C. Exemption

I, \_\_\_\_\_, do attest that I will not employ/hire any Other persons for the project for which I am seeking a building permit.

After receipt of the building permit, if I employ any other persons, I will notify this office and provide proof of workers' compensation coverage within three working days.

I understand that failure to comply, will result in a STOP-WORK order and that such order may not be lifted until proper coverage is obtained, as provided by Section 302(e)(4) of the act of June 2, 1915 (P.J. 736), known as the Pennsylvania Workers' Compensation Act, reenacted and amended June 21, 1939 and amended December 5, 1974 and amended July 2, 1993, Act 44.