

**The City of York
Pennsylvania**

Honorable Michael Ray Helfrich, Mayor



Economic and Community Development

101 South George Street
York, PA 17401
www.yorkcity.org

NON-UCC PERMIT APPLICATION

Permit Number:	<input style="width:90%;" type="text"/>	Date Issued:	<input style="width:90%;" type="text"/>	DATE RECEIVED
<input type="checkbox"/> HARB	<input type="checkbox"/> RETAP	<input type="checkbox"/> LERTA	Parcel ID #:	BY: _____
Work Site Address: <input style="width:95%;" type="text"/>				

<input type="checkbox"/> Zoning Permit				
<input type="checkbox"/> Fence	<input type="checkbox"/> Deck	<input type="checkbox"/> Patio	<input type="checkbox"/> Sign	<input type="checkbox"/> Shed
<input type="checkbox"/> Concrete Pad	<input type="checkbox"/> Driveway			
<input type="checkbox"/> Accessory Structure	<input type="checkbox"/> Swimming Pool/SPA/Whirlpool:		<input type="checkbox"/> ≤ 37"	<input type="checkbox"/> ≥ 38"
<input type="checkbox"/> Curb & Sidewalk Permit				
<input type="checkbox"/> Curb	<input type="checkbox"/> Sidewalk	<input type="checkbox"/> Curb & Sidewalk	Linear Feet of Curb/Sidewalk: <input style="width:150px;" type="text"/>	
<input type="checkbox"/> Other Permit				
Description:	<input style="width:95%; height: 50px;" type="text"/>			

OWNERSHIP INFORMATION				
Owner:	<input style="width:90%;" type="text"/>			
Address:	<input style="width:95%;" type="text"/>			
	STREET	CITY	STATE	ZIP CODE
Telephone:	<input style="width:150px;" type="text"/>	<input style="width:150px;" type="text"/>	<input style="width:150px;" type="text"/>	
	HOME	WORK	CELLULAR	
Email Address:	<input style="width:95%;" type="text"/>			

ATTENTION APPLICANTS: PLEASE BE CERTAIN TO COMPLETE THIS APPLICATION LEGIBLY AND IN ITS ENTIRETY. ILLEGIBLE OR INCOMPLETE APPLICATIONS WILL BE RETURNED AND AN ADDITIONAL ADMINISTRATIVE FEE WILL BE CHARGED. ANY PERMIT ISSUED BASED ON INCORRECT INFORMATION ON THIS APPLICATION MAY BE SUSPENDED OR REVOKED. IF YOU INTEND TO APPLY FOR LERTA OR RETAP YOU MUST DO SO WHEN YOUR PERMIT IS ISSUED.

THE FAIR MARKET VALUE OF THE WORK IS THE TYPICAL PRICE CHARGED BY A CONTRACTOR FOR THE WORK DESCRIBED IN THE PERMIT APPLICATION. IT IS NOT THE COST OF MATERIALS IF WORK IS SELF PERFORMED.

TOTAL FAIR MARKET VALUE OF WORK:

GENERAL CONTRACTOR INFORMATION

Contractor:

Address:

STREET CITY STATE ZIP CODE

Telephone:

HOME CELLULAR OTHER

Email Address:

FED. EMP. ID#: PA HIC #:

PROPERTY INFORMATION

Residential Single-Family Multi-Family Number of Dwelling Units:

Commercial Attached Detached Tenant Occupied Licensed?

PROVIDE A DETAILED DESCRIPTION OF THE WORK TO BE PERFORMED
USE ADDITIONAL PAPER IF NEEDED

PROVIDE A SITE PLAN ON THE NEXT PAGE

.... APPLICANTS FOR ALL PERMITS MUST COMPLETE THIS SECTION

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his/her authorized agent and we agree to conform to all applicable laws and codes of the City of York. I understand that these improvements may qualify for tax abatement and that I must make separate application for such abatement.

PRINTED NAME

SIGNATURE

DATE

PERMIT FEE:

ADMINISTRATIVE FEE:

INSPECTION FEE:

TOTAL FEES DUE:

SITE PLAN

ZONING REVIEW

Zoning District: Date Received by Zoning Officer:

Zoning Use:

Permitted Use Use Not Permitted in District Use Permitted by Special Exception
 Variance Requested Date: Approved Denied Date:

ZONING COMMENTS:

Approved Denied _____ Date:
ZONING OFFICER SIGNATURE

PLANNING REVIEW

Date Application Received by Planner:

Flood Plain F. P. Designation:
 L. D. Plans Required Date Submitted: Date Approved:
 S. W. M. Plans Required Date Submitted: Date Approved:

PLANNING COMMENTS:

Approved Denied _____ Date:
CITY PLANNER SIGNATURE

BCO REVIEW

BCO COMMENTS:

Approved Denied _____ Date:
BUILDING CODE OFFICIAL SIGNATURE