

# East Manchester Township RESIDENTIAL ALTERATION APPLICATION

Tax Map # \_\_\_\_\_ Parcel # \_\_\_\_\_

**\* NOTE: INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED AND WILL BE RETURNED.**

**Application Date:** \_\_\_\_\_

**Applicant Name:** \_\_\_\_\_ **Telephone #:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Email** \_\_\_\_\_

**PROPERTY OWNER INFORMATION - (if different than applicant)**

**Name(s):** \_\_\_\_\_ **Telephone #:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**PROPERTY INFORMATION**

**Address Work is Occurring At:** \_\_\_\_\_

**Subdivision:** \_\_\_\_\_ **Lot #:** \_\_\_\_\_ **Lot Size:** \_\_\_\_\_ **Corner Lot?** \_\_\_\_\_

**Special Exception/Variance Granted:** No Yes (describe) \_\_\_\_\_

**PROPOSED USE INFORMATION**

**Project Value:** \$ \_\_\_\_\_

**Use (see Zoning Ordinance):** Single Family Dwelling: \_\_\_\_\_ Duplex Dwelling: \_\_\_\_\_ Other: \_\_\_\_\_

**Description:** \_\_\_\_\_

**Proposed Maximum:** Height: \_\_\_\_\_ ft Length: \_\_\_\_\_ ft Width: \_\_\_\_\_ ft

**CONTRACTOR/BUILDER INFORMATION (if the owner or applicant is the contractor, just write "self")**

**Name:** \_\_\_\_\_ **Email** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Telephone #:** \_\_\_\_\_

**Person in charge of work:** \_\_\_\_\_ **Telephone #:** \_\_\_\_\_

*Note: An updated Certificate of Insurance must be on file with East Manchester Twp.*

**Workers Compensation Company and Policy#:** \_\_\_\_\_ **Expiration:** \_\_\_\_\_

**Liability Company and Policy#:** \_\_\_\_\_ **Expiration:** \_\_\_\_\_

**Agent:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Inspection Agency:** Commonwealth Code Inspection Service, Inc. 717-846-2004

The applicant hereby makes request for a permit under all applicable Codes of the Township of East Manchester and hereby certifies, under the penalties of perjury, that all facts set forth above are true and correct and the actual work will be performed in accordance with the above. All applicable construction must meet Code as defined within Act 45 - PA Construction Code

\_\_\_\_\_  
**Owner or Owner Agent's Signature**

**Procedure:**

- This application needs to be completed in full.
- Residential:
  - Two sets of plans
  - One electronic copy for [zoningofficer@emanchestertwp.com](mailto:zoningofficer@emanchestertwp.com)
  - Plot Plan (Bird's eye view with all details)
  - Certificate of Liability for the contractor

