



CITY OF YORK, PENNSYLVANIA

NON-UCC PERMIT APPLICATION

PERMIT NUMBER:

DATE ISSUED:

DATE RECEIVED

HARB:

☐

LERTA

☐

ReTAP

☐

PARCEL ID NUMBER:

WORK SITE ADDRESS:

TYPE OF WORK
CHECK ALL THAT APPLY

☐ SHED ☐ DECK ☐ PATIO ☐ SIGN ☐ ACCESSORY STRUCTURE

☐ FENCE ☐ CURB/SIDEWALK ☐ CONCRETE PAD ☐ DRIVEWAY

☐ SWIMMING POOL/SPA/WHIRLPOOL ☐ ≤ 37" ☐ ≥ 37"

☐ OTHER _____

OWNERSHIP INFORMATION

NAME:

ADDRESS:

STREET

CITY

STATE

ZIP CODE

TELEPHONE:

HOME

WORK

CELLULAR

EMAIL ADDRESS:

ATTENTION APPLICANTS: PLEASE BE CERTAIN TO COMPLETE THIS APPLICATION LEGIBLY AND IN ITS ENTIRETY. PLEASE NOTE THAT 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 IN ACCORDANCE WITH THE PROVISIONS OF THE UNIFORM CONSTRUCTION CODE OF THE COMMONWEALTH OF PENNSYLVANIA. IF YOU INTEND TO APPLY FOR LERTA OR RETAP YOU NOW 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

| | | | | |
|--------------------------------------|-------------------------------------|-----------------------------------|--|-----------------------------------|
| <input type="checkbox"/> RESIDENTIAL | <input type="checkbox"/> COMMERCIAL | <input type="checkbox"/> DETACHED | <input type="checkbox"/> SEMI-DETACHED | <input type="checkbox"/> ATTACHED |
|--------------------------------------|-------------------------------------|-----------------------------------|--|-----------------------------------|

| | |
|--|---------------------------------------|
| <input type="checkbox"/> SINGLE-FAMILY | <input type="checkbox"/> MULTI-FAMILY |
|--|---------------------------------------|

IS THIS PROPERTY TENANT OCCUPIED?

NUMBER OF DWELLING UNITS:

☐ YES☐ NO

OFFICE USE

LICENSE CHECK

| | | | |
|--|-----------------------------------|--|-------------------------------------|
| <input type="checkbox"/> TENANT OCCUPIED | <input type="checkbox"/> LICENSED | <input type="checkbox"/> LIC APP ON FILE | <input type="checkbox"/> UNLICENSED |
|--|-----------------------------------|--|-------------------------------------|

☒ **PERMIT APPLICATION REJECTED, NO LICENSE**

LICENSE STATUS VERIFIED BY:

CONFIRMED BY:

DATE:

DESCRIPTION OF WORK

(CONTINUE ON NEXT PAGE IF NEEDED)

SITE PLAN/CONTINUATION OF DESCRIPTION OF WORK OR SKETCH IF REQUIRED
(USE ADDITIONAL PAGES IF NECESSARY TO PROVIDE SUFFICIENT DETAIL)

PERMIT FEE:

ADMINISTRATIVE FEE:

INSPECTION FEE:

TOTAL FEES:

.... 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.

SIGNATURE

PRINTED NAME

DATE

ZONING REVIEW

ZONING DISTRICT:

DATE RECEIVED BY ZONING OFFICER:

ZONING USE:

☐

PERMITTED USE

☐

PRE-EXISTING NON-CONFORMING 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 CITY PLANNER:

☐

FLOOD PLAIN

F. P. DESIGNATION:

☐

L. D. PLANS REQUIRED

DATE SUBMITTED:

DATE APPROVED:

☐

S. W. M. PLAN REQUIRED

DATE SUBMITTED:

DATE APPROVED:

PLANNING COMMENTS:

☐

APPROVED

☐

DENIED

DATE:

CITY PLANNER SIGNATURE

BUILDING CODE OFFICIAL REVIEW

☐

ZONING APPROVED

☐

PLANNING APPROVED

☐

HARB APPROVED

☐

CERTIFICATE OF OCCUPANCY REQUIRED

☐

FIRE INSURANCE ESCROW FUNDS ARE BEING HELD

☐

PLAN REVIEW REQUIRED

☐

LICENSED DESIGN PROFESSIONAL STAMP REQUIRED

BCO COMMENTS:

☐

APPROVED

☐

DENIED

DATE:

BUILDING CODE OFFICIAL SIGNATURE