

Permit No. \_\_\_\_\_

Date \_\_\_\_\_

**HAMPDEN TOWNSHIP**  
**DEPARTMENT OF COMMUNITY DEVELOPMENT**  
 209 S. Sporting Hill Road  
 Mechanicsburg, PA 17050  
 Telephone: 717-761-0119 Fax: 717-761-7267  
 www.hampdentownship.us

## CONSTRUCTION PERMIT APPLICATION

LOCATION OF PROPERTY			
Address		Uniform Parcel Identifier:	
WORK PROPOSED			
<b>Type of Improvement</b>  <input type="checkbox"/> New Structure <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Repair <input type="checkbox"/> Change of Occupancy <input type="checkbox"/> Fire Protection (Only) <input type="checkbox"/> Electrical (Only) <input type="checkbox"/> Plumbing (Only) <input type="checkbox"/> Mechanical (Only) <input type="checkbox"/> Demolition	<div style="display: flex; justify-content: space-around;"> <span><input type="checkbox"/> Residential</span> <span><input type="checkbox"/> Commercial</span> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <span><b>Use Group:</b> _____</span> <span><b>Construction Type:</b> _____</span> </div> <p style="margin-top: 10px;"><b>Description:</b> A concise, specific statement of proposed work or change. All new structures, additions and alterations require two (2) complete sets of scaled plans and specifications for all building systems; the size and complexity of which may also require greater detail and calculations.</p> <div style="border-bottom: 1px solid black; height: 15px; margin-top: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-top: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-top: 5px;"></div>		
<b>Total Cost of Improvement</b>  \$ _____	<b>Exterior Dimensions:</b> <div style="display: flex; justify-content: space-between;"> <span>Height in feet _____</span> <span>Square Footage (Building Footprint) _____</span> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <span>No. of Stories _____</span> <span>Combined Square Footage (All Floors) _____</span> </div>		
IDENTIFICATION			
	<b>Name</b>	<b>Complete Address</b>	<b>Phone &amp; Email Address</b>
<b>Owner</b>			
<b>Architect/ Engineer</b>			
<b>Contractor</b>			
AFFIDAVIT			
I, hereby, authorize and certify that I am the owner in fee or the authorized agent of the owner in fee of the property upon which the work authorized by the permit sought will be performed. I further certify that all work will be performed in accordance with all applicable laws and regulations of the United States of America, the Commonwealth of Pennsylvania and Hampden Township.			
Signature of Owner or Authorized Agent			Date
Email Address			

Permit Payment Type: \_\_\_\_\_ Amount: \_\_\_\_\_ Tracking #: \_\_\_\_\_

## ZONING

Zoning District: \_\_\_\_\_ Current Use: \_\_\_\_\_

Proposed: \_\_\_\_\_ New Use ☐ Same Use ☐ Conversion to Conforming ☐

Provide the Square Footage for each of the following Site Elements Present (if not applicable mark N/A):

Principal Building: \_\_\_\_\_ Deck: \_\_\_\_\_ Driveway: \_\_\_\_\_ Private Sidewalks/Patio/Pavers: \_\_\_\_\_

Pool/ Hot Tub: \_\_\_\_\_ Detached Garage: \_\_\_\_\_ All Storage Buildings: \_\_\_\_\_ Other: \_\_\_\_\_

Impervious Coverage Square Footage: \_\_\_\_\_ ÷ Lot Square Footage: \_\_\_\_\_ = Percentage of Impervious Coverage: \_\_\_\_\_

Setbacks	Required	Provided		Site within an Identified Flood Prone Area: Yes <input type="checkbox"/> No <input type="checkbox"/>  Improvement within ANY portion of an Identified Flood Prone Area: Yes <input type="checkbox"/> No <input type="checkbox"/>
Front				
Right				
Left				
Rear				

## WORKERS' COMPENSATION INSURANCE

*PLEASE CHECK WHICH OF THE FOLLOWING APPLIES*

- ☐ Workers' Compensation Insurance Certificate (Hampden Township named as Certificate Holder) attached.
- ☐ Notarized Hampden Township Affidavit of Exemption from Workers' Compensation Insurance attached.

# Application Submission Checklist

- ☐ Complete Application
- ☐ Plumbing Application
- ☐ Two (2) Sets of Construction Documents (may include any or all of the following)
  - ☐ Registered Design Professional
- ☐ Electrical Third Party Review
- ☐ Mechanical Third Party Review
- ☐ Energy Conservation Compliance Path
- ☐ Contractor – PA# \_\_\_\_\_
- ☐ Plumber – HT# \_\_\_\_\_
- ☐ Fill Addendum
- ☐ Dimensioned Site Plan: Indicating All Known Property Lines, Easements, Wetlands & Flood Plains
- ☐ Show All Lot Impervious Coverage & Complete Worksheet within Application
  - ☐ Stormwater if 1,000 ft<sup>2</sup>-5,000 ft<sup>2</sup> of New Impervious Area
- ☐ Pool Barrier Information
- ☐ Certificate of Use Permit Application
- ☐ Key Lock Box (if required per Ordinance – notify F.A.O.)
- ☐ Asbestos
- ☐ Public Safety Radio Amplifiers
- ☐ Building Identification
- ☐ Workers' Compensation Insurance/ Affidavit of Exemption
- ☐ Grading Plan – Approved by Public Works
- ☐ Highway Occupancy Permit/Driveway Permit (All Driveways, Sidewalks, Curbs & Any Work within Right-of-Way)
- ☐ Waste Water
  - ☐ On-Site Septic - SEO Heather Myers of GHD (717-541-0622 or heather.myers@ghd.com)
  - ☐ Sanitary Sewer – Approved by Public Works

Applicant Name: \_\_\_\_\_ Applicant Signature: \_\_\_\_\_

Rec'd by: \_\_\_\_\_ Date: \_\_\_\_\_ Project Address: \_\_\_\_\_

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**PLUMBING PERMIT APPLICATION**

1. Address of work site \_\_\_\_\_

2. Description of work \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Name of Plumber \_\_\_\_\_ License# \_\_\_\_\_

4. Plumbing Company \_\_\_\_\_

5. Phone Number \_\_\_\_\_

6. Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Directions for completing work sketch:

1. Show all below grade plumbing to include size of lines, trap, type of material used, and direction of flow and slope.
2. On all floors above grade, show water supply lines and type of material used.
3. Show all sanitary waste lines, trap and other special fixtures. All dimensions and type of materials used.
4. Show fixture venting system, dimensions, materials and show vent through roof.
5. If the cutting of any street is necessary, a Street Cut Permit in addition to the plumbing permit must be obtained.
6. If further assistance is required to complete this application, call Hampden Township Community Development Department at 761-0119 on weekdays between 8:00 am-4:30 pm.

License No. \_\_\_\_\_

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**CONTRACTOR INFORMATION**

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Date: \_\_\_\_\_

Contractor Business Name: \_\_\_\_\_

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

Contractor Contact Name: \_\_\_\_\_

Contractor Phone: \_\_\_\_\_ Contractor Email: \_\_\_\_\_

Contractor Federal Employee Identification Number: \_\_\_\_\_

PA Contractor Registration: \_\_\_\_\_

**Please submit a Certificate of Insurance for Worker's Compensation**

**OR**

**an Affidavit of Exemption**

Fee: \_\_\_\_\_

Check #: \_\_\_\_\_

Credit Card Auth. #: \_\_\_\_\_

Receipt #: \_\_\_\_\_

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**AFFIDAVIT OF EXEMPTION FROM WORKERS' COMPENSATION INSURANCE**

**Basis for exemption (check only one):**

- ☐ Applicant is an individual who owns the property.
- ☐ Contractor/Applicant is a sole proprietorship without employees
- ☐ Contractor/Applicant is a corporation and the only employees working on the project and are qualified as "executive employees" under Section 104 of the Worker's Compensation Act.
- ☐ All of Contractor/Applicant's employees on the project are exempt on religious grounds under Section 304.2 of the Workers' Compensation Act.

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone#: \_\_\_\_\_ Fax#: \_\_\_\_\_

Applicant's federal or state employer identification number (EIN): \_\_\_\_\_

Hampden Township Contractor License No. or PAHIC No. \_\_\_\_\_

Please read the following carefully and sign below:

- A. Any subcontractor used on this project will be required to carry their own worker's compensation coverage.
- B. The applicant is not permitted to employ any individual to perform work on this project pursuant to the permit in violation of the Act.
- C. Violation of the Worker's Compensation Act or the terms of the building permit will subject the contractor/policy holder to a stop work order and other fines and penalties provided by law.

**My signature on behalf of or as the contractor/applicant for this building permit constitutes my verification that the statements contained herein are true, and that I am subject to the penalty of 18 Pa. C.S.A., Section 4904 relating to unsworn falsification to authorities.**

Commonwealth of Pennsylvania, County of: \_\_\_\_\_

On this \_\_\_\_\_ day of, 20 \_\_\_\_ before me \_\_\_\_\_, the undersigned officer, personally appeared \_\_\_\_\_, known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument.

Applicant Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Name of Company \_\_\_\_\_

In witness whereof, I hereunto set my hand and official seal.

Signature of Notary Public: \_\_\_\_\_ Stamp/Seal: \_\_\_\_\_

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**CERTIFICATE OF USE PERMIT APPLICATION**

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Business Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Township Business Address: \_\_\_\_\_ Fax: \_\_\_\_\_

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

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

Proposed Use (Describe the nature of your business as specifically as possible):

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**Please Complete the Following:**

Number of Employees: \_\_\_\_\_ What is the size of the bldg./unit/suite? \_\_\_\_\_

Unit/Suite Number (if applicable): \_\_\_\_\_ Previous Occupant: \_\_\_\_\_

Is the location served by public water? ☐ yes ☐ no public sewer? ☐ yes ☐ no

What hours and days of the week will the business operate? \_\_\_\_\_

What date do you propose to open for business? \_\_\_\_\_

Do you anticipate any renovations? \_\_\_\_\_

**THE APPLICANT MUST PICK UP PERMIT WITHIN 2 WEEKS OF NOTIFICATION OR APPROPRIATE ENFORCEMENT ACTION WILL BE TAKEN. PLEASE NOTE THAT A CERTIFICATE OF USE THAT HAS NOT BEEN PICKED UP IS NOT CONSIDERED "ISSUED". ANY USE OF THAT PROPERTY PRIOR TO ISSUANCE WILL BE CONSIDERED A VIOLATION OF THE ZONING ORDINANCE.**

Applicant's Name (please print): \_\_\_\_\_ Date \_\_\_\_\_

Signature: \_\_\_\_\_ Phone: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_ Email: \_\_\_\_\_

**• A DIMENSIONED AND LABELED FLOOR PLAN IS REQUIRED •**

**DO NOT WRITE BELOW THIS LINE**

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UPI: \_\_\_\_\_ New Use: \_\_\_\_\_ Same Use: \_\_\_\_\_ Conversion to Conforming: \_\_\_\_\_  
Parking Spaces this Zone Lot: \_\_\_\_\_ Parking Spaces Required: \_\_\_\_\_ Key Lock Box: \_\_\_\_\_  
Zoning District: \_\_\_\_\_ Use Permitted? \_\_\_\_\_ Applicable Z.O. Section: \_\_\_\_\_  
Notes: \_\_\_\_\_ Fee: \_\_\_\_\_

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**EMERGENCY CONTACT INFORMATION**

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_ Suite/Unit \_\_\_\_\_

**Contact 1:**

Name: \_\_\_\_\_

Address (Home): \_\_\_\_\_

Address (Work): \_\_\_\_\_

Telephone (Primary): \_\_\_\_\_

Telephone (Secondary): \_\_\_\_\_

**Contact 2:**

Name: \_\_\_\_\_

Address (Home): \_\_\_\_\_

Address (Work): \_\_\_\_\_

Telephone (Primary): \_\_\_\_\_

Telephone (Secondary): \_\_\_\_\_



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**SIGN PERMIT APPLICATION**

Business Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address (Township Location): \_\_\_\_\_ Zoning District: \_\_\_\_\_

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

Sign Contractor: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Sign #1: Type: _____ Dimensions: _____ Height (to top): _____ Square Footage: _____ Illuminated: _____ Yes _____ No	Sign #2: Type: _____ Dimensions: _____ Height (to top): _____ Square Footage: _____ Illuminated: _____ Yes _____ No
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Sign #3: Type: _____ Dimensions: _____ Height (to top): _____ Square Footage: _____ Illuminated: _____ Yes _____ No	Sign #4: Type: _____ Dimensions: _____ Height (to top): _____ Square Footage: _____ Illuminated: _____ Yes _____ No
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Total Square Footage (all signs, all faces): \_\_\_\_\_

**Please submit the following:**

1. A site plan, drawn to scale, showing the location of the building, structure or lot to which the sign is to be attached or erected, and showing the position of the sign in relation to nearby buildings and thoroughfares.
2. A plan, drawn to scale, showing the design of the sign, materials to be used, colors, lighting, lettering, method of construction and means of attachment to the building or ground. NOTE: All ground pole signs shall be centrally located within a planted green area as described in Section 1721.4.C(5)

**SEE REVERSE FOR FEE SCHEDULE**

Applicant's Name (please print): \_\_\_\_\_ Date \_\_\_\_\_

Signature: \_\_\_\_\_ Phone: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_ Email: \_\_\_\_\_

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DO NOT WRITE BELOW THIS LINE

Uniform Parcel Identifier: \_\_\_\_\_

Property Frontage: \_\_\_\_\_ Building Frontage: \_\_\_\_\_

Total Square Footage Allowed this Zone Lot: \_\_\_\_\_

Total Ground Pole Area Allowed this Zone Lot: \_\_\_\_\_

Wall Area: \_\_\_\_\_ Fee: \_\_\_\_\_

### Sign Permit Fees

The Hampden Township Zoning Ordinance provides for a fee to be charged for each sign permit issued based on sign area. These fees are set forth in the Hampden Township Zoning Ordinance, Section 1721.7.C.1 which reads as follows:

“Every applicant for a permit hereunder shall pay to the Township a fee for each sign regulated by this Section in accordance with a sign permit fee schedule, as may be adopted from time to time, by the Board of Township Commissioners.”

<u>Sign Area (in square feet)</u>	<u>Permit Fee</u>
0-5	\$35.00
6-10	\$85.00
11-50	\$135.00
51-100	\$185.00
101-200	\$235.00
over 200	\$285.00

Temporary signs are charged a flat fee of \$35.00 per permit, 3 permits may be issued in any given calendar year.