

West Manheim Township, York County, PA

2412 Baltimore Pike Hanover, PA 17331

Ph: (717)632-0320 • Fax: (717)632-2499 • www.westmanheimtwp.com

Application for Patio or Sidewalk

Location of Improvement –	
Property Owner Name:	Contact Number:
Address:	
Map & Parcel:	Zoning District: (R,F,C-I, BC,RR,SR)
Contractor Information – (if applicab	le)
Name:	Contact Number:
Address:	
Contractors PA Home Improvement Li	icense #:
Project Information -	
Material: Brick Stone	Concrete Pavers Tile Other
LengthWidth	
Required at Submission –	
Site Plan for new patio with th Proposed location v Property lines & eas	with setback • Dimensions
Submission of Contractors Wo	orkers Compensation Certificate (if applicable)
Estimated Project Cost of Improvemen	nt: \$

^{**}Please remove the last page of this packet. Page contains information & specifications for installation **

Workers' Compensation Insurance Coverage Information (Attach to building application)

A. The applicant is:					
A contractor within the meaning of the Pennsylva	ınia Worker's Compensation Law				
YES I	NO				
If the answer is "yes," complete Sections B and C	C below as appropriate.				
B. Insurance Information					
Name of Applicant:					
Federal or State Employer Identification No.:					
Applicant is qualified self-insurer for workers'	compensation.				
Certificate attached					
Name of Workers' Compensation Insurer:					
Workers' Compensation Insurance Policy No.:					
Certificate attached					
Policy Expiration Date:					
The undersigned swears or affirms that he/she is the provisions of Pennsylvania's Workers' Cor	niming exemption from providing workers' compensation insurance. Intervention not required to provide workers' compensation insurance under impensation Law for one of the following reasons, as indicated: The prohibited by law from employing any individual to perform the contractor provides proof of insurance to the township.				
Subscribed and sworn to before me this					
day of 20					
(Signature of Notary Public)					
My commission expires:					
(seal)	Signature of Applicant:Address: County of: Municipality of:				

CERTIFICATION

I hereby certify that I am the owner of record of the named property, or 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 understand and assume responsibility for the establishment of the official property lines for required setbacks prior to start of construction and agree to conform to all applicable laws of this jurisdiction. I further certify that this information given is true and correct to the best of my knowledge.

Applicant Signatu				
		Municip	oal/Inspector U	se
Zoning Code: Building Code: Stormwater required: [Yes No				ng Code:
				☐ No
		Flood	olain: 🗌 Yes	☐ No
Codes Administrator:	Approved:	Not App'd:	Date:	Code Official:
Third Party Inspector:	Approved:	Not App'd:	Date:	Code Official:
Utilities Plan Review:	Approved:	Not App'd:	Date:	Code Official:
Zoning Plan Review:	Approved:	Not App'd:	Date:	Code Official:
Special Notes:				A STATE OF THE STA

Township Fees		
Zoning: Patio	\$	
Zoning: Sidewalk	\$	
Stormwater:	\$	
Other:	\$	
Total Twp Fees:	\$	

Patio/Sidewalk Requirements

Patio/sidewalk must be a minimum of 5 feet from side and rear property lines in all zoned districts.

They may not be installed over easement areas.

(It is the property owner's responsibility to know where their property lines and easement areas are located, and apply for the permits accordingly.)

***A storm water management system is required for **ALL** projects. Type of system is dependent upon site location and size of impervious area. ***

Inspections:

Stormwater Inspection – verify system is installed as per requirements Final Inspection – verify project is completed as per application

Please call 24 hours in advance to schedule inspections.

Office House 8:00 am - 5:00 pm

717-632-0320