



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 Deck

Location of Improvement –

Property Owner Name: _____ Contact Number: _____

Address: _____

Map & Parcel: _____ Zoning District: _____ (R,F,C-I, BC,RR,SR)

Contractor Information – (if applicable)

Name: _____ Contact Number: _____

Address: _____

Contractors PA Home Improvement License #: _____

Deck Information –

Deck attached to residence: Yes No

Roof over deck: Yes No

Length: _____ Width: _____ Height: _____

Stormwater management may be required.

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

Required at Submission –

_____ Drawing of Deck (location, dimension, shape, distance to property lines)

_____ Deck requires drawing showing construction specifications including roof (if applicable)
Footers, Anchor Bolts, Ledger Board Connectors, Joist, Rails, Stairs, Decking

_____ Submission of Contractor's Workers Compensation Certificate (if applicable)

_____ Application fee of \$65.00 due at time of submission. **Additional fees to follow.**

Estimated Project Cost of Improvement: \$ _____

****Please remove the last 2 pages of this packet. Pages contain information & specifications for construction ****

Deck Plan Submittal

Deck Size (Overall Dimensions): _____ X _____

Note: All fasteners must be approved for exterior

Guardrail: _____

Required if deck floor is 30" or more above ground:
 Constructed so no 4" or larger may pass through:
 Must withstand 200 lb. side load:

Stairs (Where applicable):

No. of treads (8 1/4") MAXIMUM _____
 No. of risers (9") MAXIMUM _____
 Min. 4" toe high kick

Handrails

34" to 48" above nosing of stair:
 See detail below for acceptable handrails

Flooring:

Material: _____
 Size (nominal): _____ X _____

Floor Joists:

Material: _____
 Size (nominal): _____ X _____
 Spacing center to center: _____
 Clear span distance: _____

Carrier Beam:

Material: _____
 Size (nominal): _____ X _____
 Spacing Center to Center _____
 Clear span distance _____

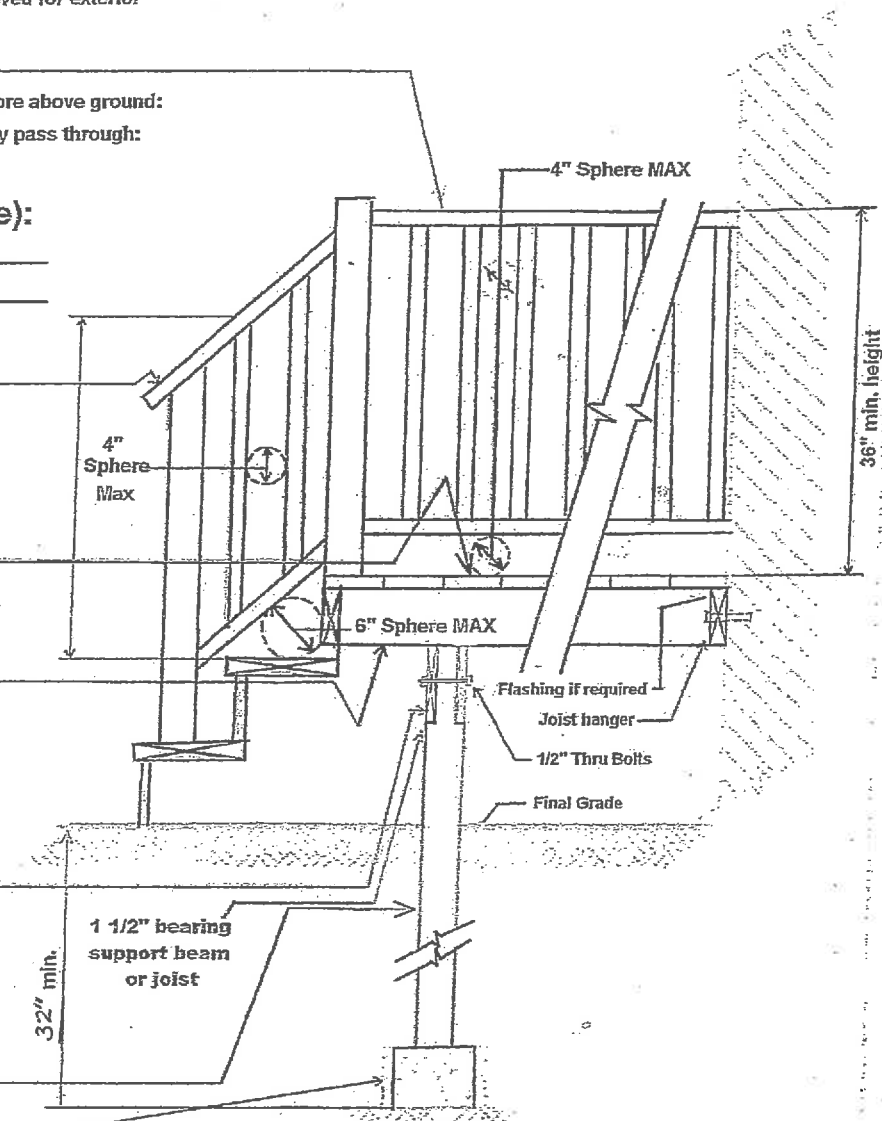
Support post:

Material: _____
 Size (nominal): _____ X _____
 Post length: _____

Footer:

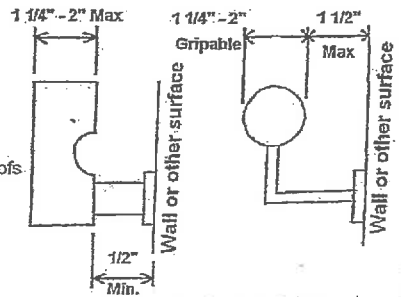
Depth (below grade): _____
 Size _____ X _____

Thickness _____ [6" Min.]



Cannot use screws for framing or joist hangers
 Risers shall have no more than 4" opening
 Guards are required on both sides of stairs
 Handrail required on one side
 Homes on piers shall have free standing decks and roofs

Acceptable Handrail Details



Workers' Compensation Insurance Coverage Information

(Attach to building application)

A. The applicant is: _____

A contractor within the meaning of the Pennsylvania Worker's Compensation Law

YES NO

If the answer is "yes," complete Sections B and 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: _____

C. Exemption

Complete Section C if the applicant is a contractor claiming exemption from providing workers' compensation insurance.

The undersigned swears or affirms that he/she is not required to provide workers' compensation insurance under the provisions of Pennsylvania's Workers' Compensation Law for one of the following reasons, as indicated:

Contractor with no employees. **Contractor prohibited by law from employing any individual to perform work pursuant to this building permit unless contractor provides proof of insurance to the township.**

Religious exemption under the Workers' Compensation Law.

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 Signature: _____ Date: _____

Municipal/Inspector Use

Zoning Code: _____ Building Code: _____

Stormwater required: Yes No

Floodplain: Yes No

Building Plan Review: Approved: _____ Not App'd: _____ Date: _____ Code Official: _____
 Codes Administrator: Approved: _____ Not App'd: _____ Date: _____ Code Official: _____
 Electric Plan Review: Approved: _____ Not App'd: _____ Date: _____ Code Official: _____
 Third Party Inspector: Approved: _____ Not App'd: _____ Date: _____ Code Official: _____
 Zoning Plan Review: Approved: _____ Not App'd: _____ Date: _____ Code Official: _____

Special Notes: _____

Third Party Inspections Fees:		Township Fees	
Plan Review:	\$	Building Application:	\$65.00
Building:	\$	PA State Fee:	\$4.50
Electrical:	\$	Stormwater:	\$
Other:	\$	Building Inspections:	\$
Other:	\$	Plan Review:	\$
Other:	\$	Other:	\$
Other:	\$	Zoning Fee:	\$25.00
Total MDIA Fees:	\$	Total Twp Fees:	\$