LOWER ALLEN TOWNSHIP
2233 GETTYSBURG ROAD, CAMP HILL, PA 17011
PHONE #975-7575 FAX #975-2287 Website – www.lower-allen.pa.us
PERMIT APPLICATION

Property Address: _____

Current use of property and building: _____

Applicant's Name (Print)_____ Phone# _____

E-mail address: _____ Fax #_____

Owner's Name: _____
(if different than applicant)
Address: _____

Type of Permit: ____ Construction ____ Zoning ____ Right-of-Way ____ Excav. & Fill ____ Drainage

Proposed Work: _____ Building Construction _____ Electrical _____ Plumbing _____ Demolition

_____ Right-of-Way Excavation _____ Shed _____ Fence _____ Other

Describe proposed work and use: _____

_____

_____

Dimensions of new building or addition: _____

Contractor Name (if other than Applicant): _____ WCIV # _____

Address_____

Phone #_____ Fax #_____

E-mail address_____

For multiple contractors, attach additional sheet

Attachments: _____ Plot Plan _____ Building Plans _____ Specifications _____ Cut Sheets

_____ Contract/Proposal _____ Other _____

Total Project Cost: $_____ (Contract amount, or fair market value of all labor and materials)

I hereby certify that the information submitted herewith is true and correct. I understand that false statements are made subject to the penalties of 18 PA C.S. Section 4904, relating to unsworn falsification to authorities. I certify that I am the owner of record for the property listed, or that I am authorized by the owner of record to submit this application on the owner's behalf.

_____ _____
Applicant's Signature Date

Codes Officer Approval:_____ **Date**_____

Permit Fee $ _____ + $_____ + $_____ + $ 50.00 + $ 4.00
Const. Pmt. Elec. Insp. Plumb. Insp. WCIV Fee State Fee

$_____ + $_____ + $_____ + _____ = $_____
Zoning Pmt. R/W Pmt. Exc. & Fill Drainage Total