



Lower Allen Township
Community & Economic Development
 2233 Gettysburg Road
 Camp Hill, PA 17011
 Phone: 717-975-7575
 Email: CED_Inquiries@latwp.org
 Website: www.latwp.org

FOR OFFICIAL USE:
 Application #:

GENERAL PERMIT APPLICATION

PART 1 - PROPERTY LOCATION: If proposing work in a Lower Allen Township (LAT) street Right-of-Way (ROW), provide nearest building address or range of addresses at project location.

Address: _____
Street Address *Lot/Suite #*

City *State* *ZIP Code*

PART 2 - PROPERTY OWNER: If ROW work, property owner is LAT. We do not process ROW permits for work in PennDOT ROW.

Full Name: _____
Last *First* *M.I.* *Title*

Address: _____
Street Address *Lot/Suite #*

City *State* *ZIP Code*

Phone: _____ Email: _____

PART 3 - APPLICANT: If a corporation or partnership, provide name and title for person signing this application.

Same as owner? YES NO

Owner's authorized agent? YES NO *If yes, provide the following information:*

Full Name: _____
Last *First* *M.I.* *Title*

Address: _____
Street Address *Lot/Suite #*

City *State* *ZIP Code*

Phone: _____ Email: _____

Notes:

- If owner's agent is a contractor and a building permit is being requested, submit supplemental Workers Compensation Insurance Verification (WCIV) form.
- Applicant responsibilities include, but are not limited to paying fees, responding to plan review comments, scheduling inspections and correcting code violations.

PART 4 - SELECT PROPOSED PROJECT REGULATED BY THE COMMUNITY & ECONOMIC DEVELOPMENT DEPARTMENT:

Option #1: Check all boxes that apply to your project. Please submit your project details on applicable supplemental forms and documents that must accompany this application.

- | | | |
|---|--|---|
| <input type="checkbox"/> Addition (Res. and Comm.) | <input type="checkbox"/> Electrical | <input type="checkbox"/> New Residential Dwelling |
| <input type="checkbox"/> Basement Remodel | <input type="checkbox"/> Fence | <input type="checkbox"/> Plumbing |
| <input type="checkbox"/> Change of Use (Complete/Partial) | <input type="checkbox"/> Fill and Excavating | <input type="checkbox"/> Pool and/or Spa |
| <input type="checkbox"/> Commercial Fit-out | <input type="checkbox"/> Fire Operation/Seasonal | <input type="checkbox"/> Roof (Replacement/Reshingle) |
| <input type="checkbox"/> Deck/Patio | <input type="checkbox"/> Home Occupation | <input type="checkbox"/> Shed/Garage |
| <input type="checkbox"/> Demolition | <input type="checkbox"/> HVAC/Mechanical | <input type="checkbox"/> Sign |
| <input type="checkbox"/> Drainage/Stormwater/BMP | <input type="checkbox"/> Kitchen/Bath Remodel | <input type="checkbox"/> Street Cut/Sidewalk/Curb |
| <input type="checkbox"/> Driveway (New/Replace/Expand) | <input type="checkbox"/> New Business | <input type="checkbox"/> Tent/Kiosk |
| <input type="checkbox"/> Electrical Turn On (List PPL# Below) | <input type="checkbox"/> New Commercial Building | <input type="checkbox"/> Other |

Describe proposed work/use (Ex. Location/dimensions/material):

Total Project Cost: \$ _____

PA Uniform Construction Code (UCC) Note: Projects involving single family dwellings, two family dwellings, attached single family dwellings (townhomes) and their accessory buildings are regulated by the International Residential Code (IRC). All other construction is regulated by the 2021 International Building Code (IBC) and codified ordinances (LAT Code).

Option #2: If you want our staff to help you determine which categories of approvals you need for your project, check this box and provide a detailed project description below. We will also indicate which supplemental forms must be submitted to complete your application:

PART 5 - SUBMIT APPLICATION FEE:

Payment must accompany this application and required documents.

The initial required processing fee is \$50. This can be paid in person by check payable to Lower Allen Township, over the phone at 717-975-7575 or online at the following link: <https://www.govpaynow.com/gps/user/plc/6539>. A service surcharge fee is assessed with credit/debit card payments. Please note: A balance for review and inspection fees will be due prior to permit issuance.

PART 6 - PROVIDE APPLICANT CERTIFICATION, SIGNATURE & DATE:

I hereby certify that I am the property owner of record or am authorized by the owner of record to submit this application on the owner's behalf, that I acknowledge the application processing policy listed in Part 7 of this form, that I will assume applicant responsibilities listed in Part 3 of this form, and that the information submitted herewith is true and correct. I understand that false statements are subject to penalties of 18 PA C.S. Section 4904, relating to unsworn falsification to authorities.*

Signature	Print or Type Name	Date

**This clause does not apply for Right-of-Way work because the Township is the property owner.*

PART 7 - APPLICATION PROCESSING POLICY:

- Processing time limits contained in any applicable state statute, local ordinance or regulations will not begin until all required permit application documents and application fees have been submitted, and the documents have been deemed complete.
- If the Applicant does not respond to application and plan review comments within 90 days of receipt, or a longer time limit if the Department grants an Applicant's request for a time extension, the application will be deemed abandoned, and the case file will be closed.
- If the Department notifies the Applicant that requested permits have been approved, but the Applicant does not pay outstanding fees to have the permits issued within 90 days of notification, or a longer time limit if the Department grants an Applicant's request for a time extension, the application will be deemed abandoned, and the case file will be closed.

CONTRACTOR LISTING

Application #: _____

Site Address: _____

GENERAL CONTRACTOR:

Business name:		
Contact:		
Address:		
City:	State:	Zip:
PA Registration #:		Workers Compensation: <input type="checkbox"/> Yes <input type="checkbox"/> No
Office #:	Mobile #:	
Email:		
WCIV # (**ENTERED BY STAFF**):		

ELECTRICAL CONTRACTOR:

Business name:		
Contact:		
Address:		
City:	State:	Zip:
PA Registration #:		Workers Compensation: <input type="checkbox"/> Yes <input type="checkbox"/> No
Office #:	Mobile #:	
Email:		
WCIV # (**ENTERED BY STAFF**):		

PLUMBING CONTRACTOR:

Business name:		
Contact:		
Address:		
City:	State:	Zip:
PA Registration #:		Workers Compensation: <input type="checkbox"/> Yes <input type="checkbox"/> No
Office #:	Mobile #:	
Email:		
WCIV # (**ENTERED BY STAFF**):		

HVAC CONTRACTOR:

Business name:		
Contact:		
Address:		
City:	State:	Zip:
PA Registration #:		Workers Compensation: <input type="checkbox"/> Yes <input type="checkbox"/> No
Office #:	Mobile #:	
Email:		
WCIV # (**ENTERED BY STAFF**):		

SIGN CONTRACTOR:

Business name:		
Contact:		
Address:		
City:	State:	Zip:
PA Registration #:		Workers Compensation: <input type="checkbox"/> Yes <input type="checkbox"/> No
Office #:	Mobile #:	
Email:		
WCIV # (**ENTERED BY STAFF**):		

DESIGN PROFESSIONAL CONTACT:

Business name:		
Contact:		
Address:		
City:	State:	Zip:
PA Registration #:		Workers Compensation: <input type="checkbox"/> Yes <input type="checkbox"/> No
Office #:	Mobile #:	
Email:		
WCIV # (**ENTERED BY STAFF**):		