

## REQUIREMENTS FOR A PERMIT APPLICATION

RECEIVED  
OCT 06 2006

All applicable items on this list shall be completed at the time of permit application. Failure to complete any applicable item on the list will be sufficient grounds for denial of permit application. Please contact Thomas Ernharth at the Penn Township Building at (717) 665-4508 if you have any questions about the permit application or other requirements prior to or during construction.

- \_\_\_\_\_ Building Permit Application (includes plumbing, mechanical, electrical, sprinkler, energy and accessibility reviews)
- \_\_\_\_\_ Driveway Permit Application
- \_\_\_\_\_ Sewer Permit (issued by SEO for on lot systems and W/S Department for public service)
- \_\_\_\_\_ Water Permit (issued by W/S Department for public service)
- \_\_\_\_\_ Zoning Permit Application
- \_\_\_\_\_ Submit two (2) sets of applications and plans for residential projects and three (3) sets for commercial/industrial projects

### PROJECT:

Name: EG STOLTZFUS HOMES, LLC

Description: NEW SINGLE FAMILY DWELLING

Address: 654 HAMAKER RD. (#71 BARONS RIDGE)

City, State, Zip: MANHEIM, PA 17545

Contact Person: MIKE WETHERHOLD

Phone: 717-393-0212

Return Completed Application Form and all supporting information to: Penn Township, 97 North Penryn Road, Manheim PA 17545

\*For Building Code Requirements contact Ben Soult @ Commonwealth Code Inspection Service, Inc. at (717) 664-2347.

\*For Public Water and Sewer Permits contact Scott Shank @ (717) 665-7676.

\*For On Lot Sewage Permits contact Amos Miller @ (717) 626-8769.

**APPLICATION FOR BUILDING PERMIT / USE CERTIFICATE**  
2000 INTERNATIONAL BUILDING CODE SERIES IS ENFORCED

Application Date \_\_\_\_\_

Application No. \_\_\_\_\_

**1. PROPERTY INFORMATION**

Tax Map \_\_\_\_\_

Site Address 654 HAMAKER RD.

Parcel No. \_\_\_\_\_

MANHEIM, PA 17545

Zone: Agricultural \_\_\_\_\_ Commercial \_\_\_\_\_ Conservation \_\_\_\_\_ Industrial \_\_\_\_\_ Residential X

**2. OWNER'S INFORMATION**

MIKE  
First Name:

R  
Mi.:

WETHERHOLD  
Last Name:

393-0212  
Phone No.:

474 MOUNT SIDNEY RD. LANCASTER  
Street Address:

City:

PA  
State:

17602  
Zip:

**3. BUILDING PERMIT APPLICATION**

Description of Work: *(provide details on plot plan along with existing structures on lot)*

Total Lot Area 10.162 Acres/Sq. Ft. ESTIMATED COST OF CONSTRUCTION: \$ 202,900.

ICC Use Group: \_\_\_\_\_

ICC Construction Type: \_\_\_\_\_

ESTIMATED START DATE 10/18/06

ESTIMATED COMPLETION DATE 1/26/07

Permits Required:

Sewage Certificate Type: Public X On Lot \_\_\_\_\_ Permit No. \_\_\_\_\_

Driveway Certificate Type: Twp. \_\_\_\_\_ PennDot \_\_\_\_\_ Permit No. \_\_\_\_\_

Type of Water System: Public X Well \_\_\_\_\_ Other \_\_\_\_\_

Storm Water Management ? \_\_\_\_\_

Soil Erosion Plan ? \_\_\_\_\_ Soil Conservation Review ? \_\_\_\_\_

**4. 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 authorized agent and I understand and assume responsibility for the establishment of official property lines for required setbacks prior to the start of construction, and agree to conform to all applicable laws of this jurisdiction. I further certify that this information is true and correct to the best of my knowledge.

APPLICANT SIGNATURE Michael Wetherhold

DATE 10-5-06

Address 474 MT. SIDNEY RD. LANCASTER, PA 17602

Phone No 393-0212

(TURN PAGE OVER)

**5. CONTRACTOR INFORMATION**

Please list additional general contractor information on additional sheet(s) if applicable

Name of Contractor EGSTOLTZFUS HOMES, LLC Phone No 393-0212

Chief Executive Officer BRENT STOLTZFUS Phone No "

Person in Charge of Work MIKE WETHERHOLD Phone No. "

Contractor Address 474 MT. SIDNEY RD.

City LANCASTER State PA Zip 17602

Proof of "Workman's Compensation" Insurance \_\_\_\_\_

**6. SUBCONTRACTOR INFORMATION**

Please list subcontractors for major trades, use additional sheet(s) if applicable

J. CROUSE EXCAVATING MANHEIM 664-2820  
Contractor City, State, Zip Phone No

RESSLER & MATEER (HVAC) BROWNSTOWN 627-2627  
Contractor City, State, Zip Phone No

J.G. GRAYBILL (PLUMBING) GORDONVILLE 768-3276  
Contractor City, State, Zip Phone No

J.Z. SHIRK (FRAMER) DENVER \_\_\_\_\_  
Contractor City, State, Zip Phone No

\_\_\_\_\_  
Contractor City, State, Zip Phone No

**7. OFFICE INFORMATION**

APPLICATION FEE: \$ \_\_\_\_\_ ISSUANCE DATE \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
PERMIT FEE: \$ \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
INSPECTION FEES \$ \_\_\_\_\_ EXTENSION DATE \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
TOTAL FEES \$ \_\_\_\_\_

APPLICATION IS: GRANTED \_\_\_\_\_ DENIED \_\_\_\_\_

SIGNATURE OF PERMIT OFFICER \_\_\_\_\_ DATE \_\_\_\_\_

**APPLICANT OR AUTHORIZED AGENT IS RESPONSIBLE FOR CONTACTING BUILDING INSPECTOR FOR REQUIRED INSPECTIONS.**

# ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID BH  
STOEL-1  
DATE (MM/DD/YYYY)  
10/31/05

**PRODUCER**

The Securus Group, Inc.  
640 E. Oregon Rd. P.O Box 5388  
Lancaster PA 17606-5388  
Phone: 717-581-6500 Fax: 717-581-6600

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

**INSURED**

Elam G. Stoltzfus, Jr. Inc.  
EG Stoltzfus Homes  
EG Stoltzfus Construction  
Campbell Road Associates, LLC  
Brent Stoltzfus  
474 Mt. Sidney Rd.  
Lancaster PA 17602

**INSURERS AFFORDING COVERAGE**

INSURER A: Penn National Insurance  
INSURER B: Eastern Alliance Ins Co  
INSURER C:  
INSURER D:  
INSURER E:

**NAIC #**

14990

**COVERAGES**

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR	PROD LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A			<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Employee Benefits  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	CL90090895	10/01/05	10/01/06	EACH OCCURRENCE \$ 1000000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100000 MED EXP (Any one person) \$ 5000 PERSONAL & ADV INJURY \$ 1000000 GENERAL AGGREGATE \$ 2000000 PRODUCTS - COMP/OP AGG \$ 2000000
A			<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	AU90090895	10/01/05	10/01/06	COMBINED SINGLE LIMIT (Ea accident) \$ 1000000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
			<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
A			<b>EXCESS/UMBRELLA LIABILITY</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 10000	UL90090895	10/01/05	10/01/06	EACH OCCURRENCE \$ 3000000 AGGREGATE \$ 3000000 \$ \$ \$
B			<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER	0000018543	07/01/05	07/01/06	<input type="checkbox"/> WC STATU-TORY LIMITS <input checked="" type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1000000 E.L. DISEASE - EA EMPLOYEE \$ 1000000 E.L. DISEASE - POLICY LIMIT \$ 1000000
A			Install/Builders R	CL90090895	10/01/05	10/01/06	Singl Loc 500000 Disaster 500000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

**CERTIFICATE HOLDER**

Penn Township  
97 N. Penryn Road  
Manheim PA 17545

**CANCELLATION**

PENNT-4

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 15 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Raymond Z Stoel

APPLICATION FOR DRIVEWAY PERMIT

PENN TOWNSHIP

NAME OF APPLICANT EGSTOLTZ FUS HOMES, LLC

ADDRESS 474 MT. SIDNEY RD.

LANCASTER, PA 17602

NAME OF PROPERTY OWNER SAME AS ABOVE

ADDRESS \_\_\_\_\_ DATE 10-5-06

PHONE # 393-0212 APPROVED BY \_\_\_\_\_

APPROVAL DATE \_\_\_\_\_

PROJECT LOCATION 654 HAMAKER RD.

MANHEIM, PA 17545

DESCRIPTION & PURPOSE OF CONSTRUCTION

CONSTRUCT A NEW SINGLE FAMILY DWELLING

CONSTRUCTION WILL BEGIN 10 18 2006  
(Month) (Day) (Year)

CONSTRUCTION WILL BE COMPLETED 1 26 2007  
(Month) (Day) (Year)

I agree to construct the driveway in accordance with all ordinances and regulations of Penn Township; implement the work zone in accordance with Publ. 203 and/or 233A; and that no work will begin until the contractor performing the work has a copy of this permit and agrees to obey by the rules and regulations of this permit.

Fee \$ \_\_\_\_\_

PD. CHECK # \_\_\_\_\_

PER \_\_\_\_\_

[Signature]  
(Applicant's Signature)

10-5-06  
(Date)

# APPLICATION FOR ZONING PERMIT

## PENN TOWNSHIP

PERMIT # \_\_\_\_\_

NAME OF APPLICANT EGSTOLTZEUS HOMES, LLC DATE 10-5-06

ADDRESS 474 MT SIDNEY RD. LANCASTER, PA 17602

NAME OF PROPERTY OWNER SAME AS ABOVE

ADDRESS \_\_\_\_\_

PHONE # 393-0212

PROJECT LOCATION 654 HAMAKER RD. MANHEIM, PA 17545

ZONING DISTRICT R-2 SIGNAGE SQUARE FOOTAGE \_\_\_\_\_

DESCRIPTION & PURPOSE OF CONSTRUCTION

CONSTRUCT A NEW SINGLE FAMILY DWELLING

CONSTRUCTION WILL BEGIN/COMPLETED 10-18-05 / 1-26-07

ESTIMATED COST \$202,900.

*Michael K...*

(Applicant's Signature)

10-5-06

(Date)

**A Plot Plan must be attached depicting at a minimum the following information:**

- All existing buildings, driveways and other manmade features on the property
- All proposed improvements and provide dimensions
- All rights of way, setbacks and the floodplain
- For New Construction provide distance to property lines
- Plot Plan shall be on an 8 ½ x 11 sheet
- Special requirements may be requested

**Return Completed Application Form and all supporting information to:**

- Penn Township, 97 North Penryn Road, Manheim PA 17545

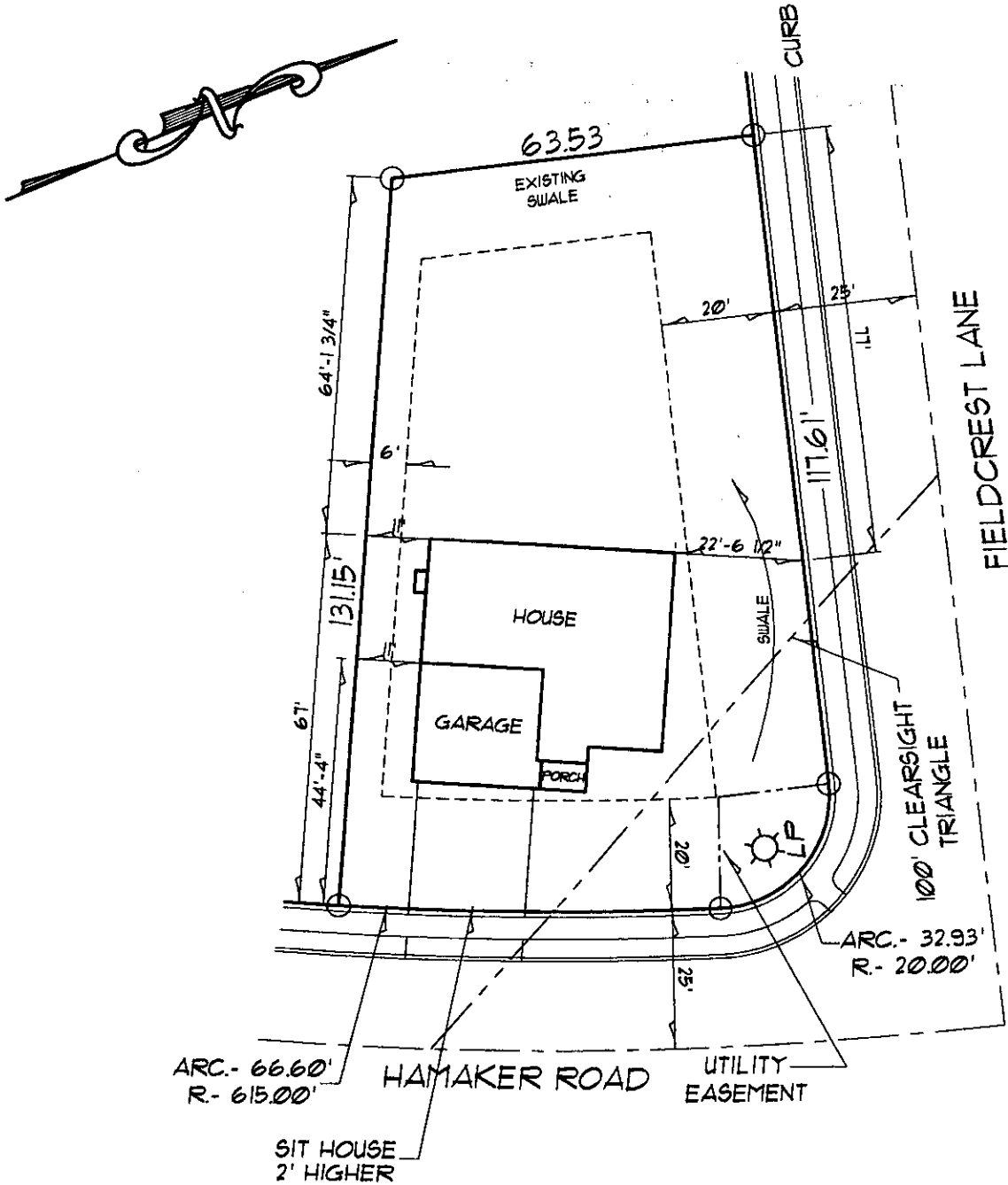
# BARONS RIDGE

10,162 SQ. FT.

9'-0" HIGH SUPERIOR WALLS

500 69823 00000

71



SCALE:  
1" = 20'