

# MANHEIM BOROUGH

NO CHARGE PERMIT # 104-95

Date 10/17/95

Applicant D. Jay Grott

Address 50 E. Elm Ave, Coventry, Pa

Telephone 872-5355

Applicant is:  Owner,  Contractor, Other: \_\_\_\_\_

Has been granted a permit to:

- Replace Roofing,  Install Replacment Windows,  Install a replacement door(s),  
 Remove an underground tank, (requires DER Permit),  Replace concrete sidewalk and curb,  
 Replace concrete curb,  Replace concrete sidewalk,  
 Reconstruct storm damaged accessory structure

Other: remodel bathroom

Property location 38 S. Penn St, Chad Hollinger

The applicant, contractor and/or property owner agree that they will comply with regulations and ordinances as set forth by the Borough of Manheim.

NOTICE TO ALL CONTRACTORS: Curbing and Sidewalk forms and cribbing must be inspected by an authorized representative of the Borough prior to pouring any concrete. Failure to comply may result in assessment of fines, removal of the poured concrete, or both in accordance with provisions of Borough Ordinance # 217.

Date Inspected: \_\_\_\_\_

\_\_\_\_\_  
Signature of Inspector

Robert D. Stonas  
permit issued by

MANHEIM BOROUGH  
ZONING PERMIT APPLICATION

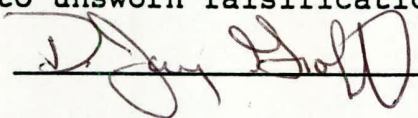
Permit No. 104-95  
Fee Paid NC

1. Applicant's Name: D. JAY GROFF  
Address: 50 E. Elm Ave Conestoga PA Phone No. 872 5355
2. Owner's Name: MR. & MRS CHAD HOLLINGER  
Address: 38 S. Penn St Manheim PA Phone No. 665-6155
3. Contractor's Name: JG's GRAND DESIGNS IN CARPENTRY  
Address: 50 E. Elm St Conestoga PA Phone No. 8725355
4. Property Location: 38 S. Penn St Manheim PA
5. Present Use of Property: DWELLING
6. Describe the proposed use of property and/or structures to be erected, in sufficient detail to determine compliance with Zoning requirements.  
REMODEL BATH ROOM - REPLACE TOILET SINK -  
REFINISH TUB - NEW LIGHTING FIXTURES & FAN
7. Size of proposed structure/building: \_\_\_\_\_ W \_\_\_\_\_ L \_\_\_\_\_ HT.
8. The new structure/building will be adding \_\_\_\_\_ square feet.
9. No. of stories \_\_\_\_\_, Type of Construction: \_\_\_\_\_
10. Construction cost for permit improvements. \$ 5500<sup>00</sup>.  
(Use fair market value estimate for labor performed by Owner)
11. Have property lines been staked? \_\_\_\_\_ yes \_\_\_\_\_ no  
If yes, give details \_\_\_\_\_

All applicants (i.e. contractors, subcontractors, or residents) for building permits are required to show proof of Workers' Compensation coverage/self insurance coverage prior to receiving the permit.

Residents who perform the work themselves must file a notarized affidavit of exemption from Workers' Compensation stating that they will not use a contractor or another individual.

By signing this application, I certify that all facts in the application and all accompanying documents are true and correct. This application is being made by me, as the owner of the property or as the owner's authorized representative, to induce official action on the part of Manheim Borough and I understand that any false statements made herein are being made subject to the penalties of 18 PA. C.S. Section 4904 relating to unsworn falsification to authorities.

Applicant's Signature:   
10-15-95 Date  
Corporation, Partnership, or Owner's Authorized Representative



FOR ZONING OFFICER'S USE ONLY

Tax Assessment Map No. 841-8-16 Zoning District R-2

Primary Structure

Yard Requirements: Front \_\_\_\_\_, Rear \_\_\_\_\_, Sides \_\_\_\_\_ & \_\_\_\_\_  
Yard Proposed: Front \_\_\_\_\_, Rear \_\_\_\_\_, Sides \_\_\_\_\_ & \_\_\_\_\_

Accessory Structure

Yard Requirements: Front \_\_\_\_\_, Rear \_\_\_\_\_, Sides \_\_\_\_\_ & \_\_\_\_\_  
Yard Proposed: Front \_\_\_\_\_, Rear \_\_\_\_\_, Sides \_\_\_\_\_ & \_\_\_\_\_

Existing ground coverage of improvements:

Buildings \_\_\_\_\_ Macadam \_\_\_\_\_ Deck \_\_\_\_\_ Concrete \_\_\_\_\_

Maximum permitted coverage: \_\_\_\_\_ Proposed: \_\_\_\_\_

Off-Street Parking Spaces Required: \_\_\_\_\_ Proposed: \_\_\_\_\_

Is this property located in a designated Floodplain: Yes \_\_\_\_\_ No \_\_\_\_\_

Existing public utilities Water: Yes \_\_\_\_\_ No \_\_\_\_\_ Sewer: Yes \_\_\_\_\_ No \_\_\_\_\_

New Utility Permit Number \_\_\_\_\_

Workers Compensation Act 44: CI \_\_\_\_\_, APP  Expires: \_\_\_\_\_

Other: \_\_\_\_\_

This application has been: approved (  ) denied (  )

Date: 10/17/95 Zoning Officer: Robert D. Stone

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has the Borough Zoning Hearing Board reviewed this application?  
Yes \_\_\_\_\_ No

If yes, the applicant shall comply at all times with the decision of the Zoning Hearing Board.