

SPRING GARDEN TOWNSHIP Statement

558 S OGONTZ ST YORK, PA 17403

Ph: (717) 848-2858 Fax: (717) 854-8257

BUILDING / ZONING PERMIT

R7-Fence/Wall

Descript: erect 4' and 6' high fence to enclose yard

Permit No: 190308BZ

App Date: 8/2/2019

Issued: 8/2/2019

Location: 4800021007100

SPRING GARDEN TWP - Sec: Blk: Lot:

549 HILLCREST RD

YORK, PA 17403

PAID

AUG 12 2019

SPRING GARDEN TOWNSHIP

Applicant:

BARLEY, MEGAN E

Address:

549 HILLCREST RD

YORK, PA 17403-4067

Type / No / PayMethod / PayNote	Sub-Type	Date	Fee	DateRecd	FeeRecd	Balance
BldgZoning						
190308BZ Cash Cash	SGT ZONING PERMIT	8/2/2019	\$25.00	8/13/2019	\$25.00	\$0.00
Total Fees Recd: BldgZoning						\$25.00
Total Balance Due: BldgZoning						\$0.00
Total Fees: 1						
					Total Fees Recd:	\$25.00
					Total Balance Due:	\$0.00



SPRING GARDEN TOWNSHIP

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190308BZ

BUILDING / ZONING PERMIT

Location: 549 HILLCREST RD
YORK, PA 17403

PIN: 4800021007100
Ward: 1

Issued To: BARLEY MEGAN E
549 HILLCREST RD
YORK, PA 17403-4067

Contractor: BARLEY MEGAN E

Date: 8/2/2019 Expires On: 8/2/2020

Est Cost: \$1,000.00

Fee Type	Fee
SGT ZONING PERMIT	\$25.00
Total Fees:	\$25.00

Description of Work:

erect 4' and 6' high fence to enclose yard

I have read this Permit, the Inspection list and any notes or addendums on or attached to the Permit and/or submitted construction documents. I understand the obligations, as well as the privileges granted by the permit and agree by signing, that the work shall be performed in accordance with the Pennsylvania Uniform Construction Code and any other applicable Codes.

Furthermore, the owner/authorized agent shall be responsible for insuring that all required inspections are scheduled and performed and that right of entry for inspection purposes shall be granted to the appropriate code inspection and enforcement authorities. Access shall be granted during normal business hours in accordance with the Pennsylvania Uniform Construction Code.

There will be NO burning of construction debris. Building materials will not be picked up by Spring Garden Township waste hauler. BEFORE YOU DIG: NOTIFY PA ONE CALL 800-242-1776

LINDA KELLER, DIRECTOR OF COMMUNITY DEVELOPMENT & PLANNING

Detach Here

SPRING GARDEN TOWNSHIP

CERTIFICATION OF PERMIT GRANTEE

Return to SPRING GARDEN TOWNSHIP 558 S OGONTZ ST YORK, PA 17403

To be made 90 days after completion of work.

Permit No: 190308BZ Issued: 8/2/2019

I hereby declare under oath that the improvements granted by permit issued have been made.

Original Estimated Cost: \$1,000.00

Signature:

Total Actual Cost:

Owner, Agent or authorized Representative

SPRING GARDEN TOWNSHIP

APPLICATION FOR BUILDING PERMIT/USE CERTIFICATE

PA UCC and referenced INTERNATIONAL BUILDING CODE SERIES is enforced

RECEIVED

APPLICATION FOR ZONING PERMIT

JUL 29 2019

SPRING GARDEN TOWNSHIP

1. PROPERTY INFORMATION

Site Address: 549 Hillcrest Rd York PA, 17403

UPI: 48 000 21 0071 000000 (tax map & parcel number) Zoning District: R-1 Ward: 1

Is this property in a Floodplain? yes no

2. OWNER'S INFORMATION

First Name: Megan Mi: E Last Name: Barley Phone No.: 717-654-8462

Street Address: 549 Hillcrest Rd City: York State: PA Zip: 17403

3. BUILDING PERMIT INFORMATION

Description of Work: (also provide details on a separate plot plan along with existing structures on lot) (provide framing and elevations if necessary)

4' high fence across front of yard 75 ft back from middle of the street and fencing in grass park in back yard - 6' high

Lot Size: Acres/Sq.ft.

New Impervious Area:

Building/Addition: sq.ft. Paving/Concrete: sq.ft.

Estimated Cost of Construction: \$ 1,000 Height of Proposed: 6 ft & 4 ft

Estimated Start Date: asap Estimated Completion Date: asap (2-3 days)

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 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: Megan Barley Date: 6/30/19

Address: 549 Hillcrest Rd York PA 17403 Phone No.: 717-654-8462

5. CONTRACTOR INFORMATION

Name of Contractor SUF Phone No. _____

Person in charge of work _____ Phone No. _____

Email Address: _____

Contractor address _____

City _____ State _____ Zip _____ PA HIC Reg. # _____

Proof of Workman's Compensation Insurance: Attached _____ On File _____ Waiver

6. SUBCONTRACTOR INFORMATION

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

Contractor _____ City/State/Zip _____ Phone No _____

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Contractor _____ City/State/Zip _____ Phone No _____

Other Permits Required:

_____ Floodplain Management Review

_____ Storm Water Management: Facility _____ O&M Agreement _____ Fee in Lieu _____

_____ Plumbing

_____ Sewage Certificate Type: Public _____ On Lot _____

_____ Driveway Certificate Type: Twp. _____ Penn Dot _____ Permit No. _____

_____ Water: Public _____ Well _____ Other _____

_____ Soil Erosion Plan: _____ Soil Conservation Review: _____

_____ Fire Department Review: _____

_____ Dumpster: _____

_____ Jiffy John: _____

7. OFFICE INFORMATION

Application Is: Granted _____ Denied _____

Signature of Permit Officer _____

Date _____
(permit expires one year from date)

APPLICANT OR AUTHORIZED AGENT IS RESPONSIBLE FOR CONTACTING BUILDING INSPECTOR FOR REQUIRED INSPECTIONS. MINIMUM 24 HOUR NOTICE.



