



WASHINGTON TOWNSHIP SUPERVISORS
 11798 BUCHANAN TRAIL EAST, WAYNESBORO, PA 17268
 Phone: 717-762-3128 | Fax: 717-762-1775 www.washtwp-frankling.org

Application for LAND USE PERMIT

The undersigned hereby applies for a Land Use Permit to build, erect, or remodel a structure in Washington Township. The proposed construction will be as detailed below & in accordance with the more detailed plan attached, where applicable. Application for a Building Permit will not be accepted until a Land Use Permit is issued by the Township. Upon completion of the project in accordance with all applicable codes and application by the undersigned, Washington Township will issue a Land Use Occupancy Permit. The structure may not be occupied or used in any way until the issuance of a Land Use Occupancy Permit. No Land Use Occupancy Permit shall be granted without a Construction Occupancy Permit, when required and verification from the DEP, WTMA, or the Township's SEO approving the method of liquid waste disposal.

PART I (front): FOR MINOR IMPROVEMENTS (SHEDS, DECKS, FENCES, ETC.)

PART II (reverse): FOR COMMERCIAL, NEW DWELLINGS OR ADDITIONS TO EXISTING DWELLINGS

LAND USE PERMIT NO. _____

1. Name of Owner: _____
2. Mailing Address of Owner: _____
 City _____ State _____ Zip _____ Phone: _____
E-mail Address: _____
3. Property location (if different from Mailing Address): _____
 Development Name: _____
4. Lot type: _____
5. Builder/Contractor Name: _____ Phone: _____
6. Brief description of proposed work: _____
7. Size of proposed structure: _____ Height (ft.) or stories _____
8. Value of improvement when completed \$ _____
9. Building use: _____
10. Other details: _____

 Applicant must notify Township when building foundation or structure is laid off or staked out & PRIOR to beginning any excavation or construction.

Applicant is: Owner Contractor Agent Other (describe) _____

Name of Applicant: _____ (print) Applicant provided with:

Signature of Applicant: _____ Stormwater management data _____
 Driveway information _____
 WTMA information _____
 Swimming pool data _____

Date of Application: _____

REQUIRED BUILDING SETBACKS FOR THIS LOT ARE: Front _____ Rear _____
 Sides _____

PART II: TO BE COMPLETED FOR COMMERCIAL, NEW DWELLINGS OR ADDITIONS TO EXISTING DWELLINGS

11. If mobile home, answer following: Titleholder's name & address _____

Value of unit: \$ _____ Make _____ Year _____ Size _____

12. Basement:

13. Finished Basement:

14. Number of rooms in dwelling: Bedrooms ____ Walk-In Closets ____ Kitchen Living Room Sunroom
 Family Room Dining Room Den Study Other _____

15. Number of bathrooms: _____

16. Garage:

17. Exterior walls materials: _____

18. Roof materials: _____

19. Central air conditioning:

20. Kind of heat: _____ 18a. Number of fireplaces: _____

21. Water System:

22. Property Sketch:

THIS PERMIT IS VALID FOR 18 MONTHS. WORK SHALL START WITHIN 9 MONTHS OF ISSUE.

PERMIT EFFECTIVE DATE _____

PERMIT EXPIRATION DATE _____

Washington Township Municipal Complex
Administrative Offices
11798 Buchanan Trail East, Waynesboro, PA 17268
717-762-3128