

**APPLICATION FOR LAND USE PERMIT
LURGAN TOWNSHIP, FRANKLIN COUNTY, PENNSYLVANIA
8650 McClays Mill Road, Newburg, PA 17240**

The undersigned hereby applies for a Land Use Permit to build, erect or remodel a structure in Lurgan Township. It will be the applicant's responsibility to contact Commonwealth Code Inspection Service, Inc., 1102 Sheller Avenue, Chambersburg, 262-0081, to obtain a Construction Permit. Application for a Construction Permit will not be accepted until a Land Use Permit is issued by the Township. The structure may not be occupied or used in any way until an Occupancy Permit is issued by Commonwealth Code Inspection Service, Inc., upon completion of the project. If you have any questions, please call 532-7460.

PART I – To Be Completed by Applicant – Please Print

Owner Name: Address:
Telephone:

Job Site Address:

Builder/Contractor Name: Address:
Telephone:

Dimensions of Project: x Lot Size:

Description of proposed project:

Estimated Cost of Proposed Project: No. of Finished Floors:

Type of Structure: Residential Commercial Agricultural Storage Shed Other

CONSTRUCTION DETAILS

Give Numbers Where Applicable

<p>Exterior Walls</p> <p>Frame Construction <input type="text"/></p> <p>Brick Veneer <input type="text"/></p> <p>Brick on Masonry <input type="text"/></p> <p>Stone on Masonry <input type="text"/></p> <p>Metal Siding <input type="text"/></p> <p>Aluminum Siding <input type="text"/></p> <p>Vinyl Siding <input type="text"/></p> <p>T1-11 Siding <input type="text"/></p>	<p>Foundation</p> <p>Concrete <input type="text"/></p> <p>Concrete Block <input type="text"/></p> <p>Piers <input type="text"/></p> <p>Poles <input type="text"/></p> <p>Full Basement <input type="text"/></p> <p>Crawl Space <input type="text"/></p> <p>No Basement <input type="text"/></p>	<p>Roofing</p> <p>Asphalt Shingles <input type="text"/></p> <p>Metal <input type="text"/></p> <p>Wood Shingles <input type="text"/></p> <p>Rolled Roofing <input type="text"/></p>
<p>Interior Finish</p> <p>Drywall <input type="text"/></p> <p>Plaster <input type="text"/></p> <p>Paneling <input type="text"/></p> <p>Hardwood <input type="text"/></p> <p>Softwood <input type="text"/></p> <p>Finished Attic <input type="text"/></p> <p>Finished Basement <input type="text"/></p> <p>Unfinished <input type="text"/></p>	<p>Heating</p> <p>Hot Air Furnace <input type="text"/></p> <p>Hot Water Baseboard <input type="text"/></p> <p>Electric - Baseboard or Ceiling <input type="text"/></p> <p>Gas <input type="text"/></p> <p>Wood Stove <input type="text"/></p> <p>Heat Pump <input type="text"/></p> <p>Central Air Conditioning <input type="text"/></p> <p>Fireplaces <input type="text"/></p> <p>No Heat <input type="text"/></p>	<p>Floor Construction</p> <p>Wood Joist <input type="text"/></p> <p>Steel Frame <input type="text"/></p> <p>Reinforced Concrete <input type="text"/></p>
		<p>Number</p> <p>Bedrooms <input type="text"/></p> <p>Bathrooms <input type="text"/></p>
		<p>Floor Coverings</p> <p>Linoleum <input type="text"/></p> <p>Carpet <input type="text"/></p> <p>Hardwood <input type="text"/></p> <p>Softwood <input type="text"/></p>

Lurgan Township setbacks

lots **not** served with public water or public sewer:
Front-50' from edge of the road, Side Yard-15', Rear Yard-25'
Lots served **with** public water and Public sewer:
Front-50' from edge of the road, Side Yard-10', Rear Yard-30'

Tax Map & Parcel No.

Land Use Permit No.

Resident or Agent Signature

Date

Township Use Only

Permit No.
Est. Cost
Fee Paid
Date Paid

LAND USE PERMIT CHECKLIST

WILL THE PROPOSED PROJECT INVOLVE THE FOLLOWING:	YES	NO	N/A	DATE
1. Subdivision and Land Development Ordinance				
2. On-Lot Sewage Disposal System Permit No. _____				
3. Township Roadway Occupancy Permit No. _____				
4. PENNDOT Roadway Occupancy Permit No. _____				
5. Junk and Junkyard Ordinance No. _____				

All items checked YES above have been satisfactorily completed on the corresponding date and Land Use

Permit No. _____ is hereby issued.

LURGAN TOWNSHIP

By: _____

Date: _____

Exempt _____ Reason _____
Yes or No

_____ CCIS Representative

_____ Date