



Borough of Dallastown

COMMERCIAL

BUILDING PERMIT APPLICATION

Dallastown Borough

175 East Broad Street, Dallastown PA 17313

PHONE: 717-244-6626 • FAX: 717-244-1076 • www.dallastownboro.com

DATE RECEIVED: _____

BP #: _____ DTB FEES \$ _____

3RD PARTY FEES \$ _____

TOTAL FEES \$ _____

DATE ISSUED: _____

BOROUGH USE ONLY

OWNER INFO

Name _____

Address _____

Phone: _____

Email: _____

CONTRACTOR INFO

Name _____

Address _____

Phone _____

Email: _____

PROJECT ADDRESS: _____ TOTAL LOT AREA: _____

EXIST IMPERVIOUS COVER SF _____ (SEE ATTACHED ZONING GUIDELINES)

NEW IMPERVIOUS COVER SF _____ TOTAL LOT COVER (%) _____

DESCRIPTION OF PROJECT (PROVIDE DRAWING OF LOT WITH EXISTING AND ADDED COVER)

COST of PROJECT: _____ FEES: \$49.50 (UP TO- \$1K) ADD \$2 PER THOUSAND OVER \$1K + 3RD PARTY FEES

APPLICANT SIGNATURE: _____

APPLICANT CONTACT INFO: PHONE / EMAIL: _____

§ 90-3 Permit required. It shall be unlawful for any person, firm, association or corporation to erect, construct, enlarge, alter, repair, move, remove or demolish any building or structure within the limits of the Borough of Dallastown, York County, Pennsylvania, unless a permit therefor shall first be secured as hereinafter provided.

The above signed applicant hereby makes application for a building permit in accordance with PA UCC Section 403.62a and all applicable ordinances of Dallastown Borough and hereby certifies, under penalties of perjury, that all facts herein are true and correct. The permit will become invalid if authorized work does not commence within 180 days from the permit issuance date. **The applicant also understands and acknowledges that all plan review fees must be paid regardless of whether the applicant proceeds with the project.** Effective January 2, 2024 (R2024-03) –The Borough reserves the right to collect a fee up to \$500 as a deposit at the time of the application.

PLOT PLAN DRAWING

REV - 2026

Date ____/____/____

**APPLICATION FOR PLAN REVIEW
&
APPLICATION FOR COMMERCIAL BUILDING PERMIT**

Municipal Tracking #

Permit #

Plan Review #

PROPERTY ADDRESS

Street Address:	Parcel	Zoning
Subdivision:	Lot	Type
Municipality	County	

OWNER ADDRESS

Last name or Business	First name	Phone	
		Fax	
Address	City	State	Zip

TYPE OF APPLICATION

<input type="checkbox"/> Building <input type="checkbox"/> Electrical <input type="checkbox"/> Accessibility <input type="checkbox"/> Fire Alarm <input type="checkbox"/> Other <input type="checkbox"/> Plumbing <input type="checkbox"/> Mechanical <input type="checkbox"/> Fire Suppression <input type="checkbox"/> Occupancy																																			
Type of Work (Check all that apply) <input type="checkbox"/> New Construction <input type="checkbox"/> Additional construction <input type="checkbox"/> Alteration/Structural/Egress Change <input type="checkbox"/> Repair/Renovation <input type="checkbox"/> IBC <input type="checkbox"/> IEBC (1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> <input type="checkbox"/> Foundation Permit <input type="checkbox"/> Change of Use/Occupancy <input type="checkbox"/> Initial Certificate of Occupancy	Type of Construction (Check all that apply) <input type="checkbox"/> IA <input type="checkbox"/> IV <input type="checkbox"/> IB <input type="checkbox"/> IIA <input type="checkbox"/> VB <input type="checkbox"/> IIB <input type="checkbox"/> VA <input type="checkbox"/> IIIA <input type="checkbox"/> Separate Use <input type="checkbox"/> IIIB <input type="checkbox"/> Non-separated Use	Previous L&I Certificate #(s)																																	
		PROPOSED CODE/YEAR FOR THIS PROJECT																																	
Use Group (List all) <table><tr><td><input type="checkbox"/> A1</td><td><input type="checkbox"/> H1</td><td><input type="checkbox"/> R1</td></tr><tr><td><input type="checkbox"/> A2</td><td><input type="checkbox"/> H2</td><td><input type="checkbox"/> R2</td></tr><tr><td><input type="checkbox"/> A3</td><td><input type="checkbox"/> H3</td><td><input type="checkbox"/> R3</td></tr><tr><td><input type="checkbox"/> A4</td><td><input type="checkbox"/> H4</td><td><input type="checkbox"/> R4</td></tr><tr><td><input type="checkbox"/> A5</td><td><input type="checkbox"/> H5</td><td></td></tr><tr><td><input type="checkbox"/> B</td><td><input type="checkbox"/> I1</td><td><input type="checkbox"/> S1</td></tr><tr><td></td><td><input type="checkbox"/> I2</td><td><input type="checkbox"/> S2</td></tr><tr><td><input type="checkbox"/> E</td><td><input type="checkbox"/> I3</td><td><input type="checkbox"/> U</td></tr><tr><td></td><td><input type="checkbox"/> I4</td><td></td></tr><tr><td><input type="checkbox"/> F1</td><td></td><td></td></tr><tr><td><input type="checkbox"/> F2</td><td><input type="checkbox"/> M</td><td></td></tr></table>	<input type="checkbox"/> A1	<input type="checkbox"/> H1	<input type="checkbox"/> R1	<input type="checkbox"/> A2	<input type="checkbox"/> H2	<input type="checkbox"/> R2	<input type="checkbox"/> A3	<input type="checkbox"/> H3	<input type="checkbox"/> R3	<input type="checkbox"/> A4	<input type="checkbox"/> H4	<input type="checkbox"/> R4	<input type="checkbox"/> A5	<input type="checkbox"/> H5		<input type="checkbox"/> B	<input type="checkbox"/> I1	<input type="checkbox"/> S1		<input type="checkbox"/> I2	<input type="checkbox"/> S2	<input type="checkbox"/> E	<input type="checkbox"/> I3	<input type="checkbox"/> U		<input type="checkbox"/> I4		<input type="checkbox"/> F1			<input type="checkbox"/> F2	<input type="checkbox"/> M		Fire Separation <input type="checkbox"/> Single Use <input type="checkbox"/> Separated Uses <input type="checkbox"/> Non-separated Mixed Use <input type="checkbox"/> Incidental Use Main Use _____	Fire Suppression (List all) Type: <input type="checkbox"/> Wet (Water) # _____ Standard _____ <input type="checkbox"/> Dry (Water) # _____ Standard _____ <input type="checkbox"/> Chemical # _____ Standard _____ Type _____
<input type="checkbox"/> A1	<input type="checkbox"/> H1	<input type="checkbox"/> R1																																	
<input type="checkbox"/> A2	<input type="checkbox"/> H2	<input type="checkbox"/> R2																																	
<input type="checkbox"/> A3	<input type="checkbox"/> H3	<input type="checkbox"/> R3																																	
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<input type="checkbox"/> E	<input type="checkbox"/> I3	<input type="checkbox"/> U																																	
	<input type="checkbox"/> I4																																		
<input type="checkbox"/> F1																																			
<input type="checkbox"/> F2	<input type="checkbox"/> M																																		
Start Date	Finish Date	Total Value of All Work																																	

FAILURE TO FILL OUT THE PERMIT APPLICATION COMPLETELY MAY RESULT IN DELAYS OR REJECTION OF APPLICATION

Description of proposed project:

Electrical Permit Information

Electrical Service Size							
_____ Amps		Power Company Name _____					
_____ Volts		Power Company Job # _____					
_____ Ø							
General outlets: _____ 120 volt _____ 240 volt							
Circuits: _____ 2 wire _____ 3 wire _____ 4 wire							
Device Name	Watts	Amps	#	Device Name	Watts	Amps	#
Start Date		Finish Date		Value of work			

Plumbing Permit Information

[illegible]

Mechanical Permit Information

Number of systems	Type(s)			
SYSTEM	BTU	FUEL	VENT TYPE (+R-?)	FUNCTION (Heat? Cool? Water? Vent?)

Fuel Gas? <input type="checkbox"/> yes <input type="checkbox"/> no		Public? <input type="checkbox"/> yes <input type="checkbox"/> no		Piping Type(s) _____	
Oil? <input type="checkbox"/> yes <input type="checkbox"/> no		Tank Capacity? _____		Underground? <input type="checkbox"/> yes <input type="checkbox"/> no	
Electric? <input type="checkbox"/> yes <input type="checkbox"/> no		Total KW _____			
Duct Detectors? <input type="checkbox"/> yes <input type="checkbox"/> no		Number of Zones? _____		Type? _____	
Kitchen Hood? <input type="checkbox"/> yes <input type="checkbox"/> no		Fire Suppression System? <input type="checkbox"/> yes <input type="checkbox"/> no		Type? _____	
Hazardous Exhaust? <input type="checkbox"/> yes <input type="checkbox"/> no		Fire Suppression System <input type="checkbox"/> yes <input type="checkbox"/> no		Type? _____	
Fire Dampers? <input type="checkbox"/> yes <input type="checkbox"/> no		Smoke Dampers <input type="checkbox"/> yes <input type="checkbox"/> no			
Smoke Control System? <input type="checkbox"/> yes <input type="checkbox"/> no		Governing Code Section(s) _____			
Regular Exhaust Fans? <input type="checkbox"/> yes <input type="checkbox"/> no		Number? _____		Duct Type(s) _____	
Fireplace? <input type="checkbox"/> yes <input type="checkbox"/> no		Number? _____			
Gas? <input type="checkbox"/> yes <input type="checkbox"/> no		Piping Type _____		Vent Type _____	
Masonry? <input type="checkbox"/> yes <input type="checkbox"/> no		Material Type _____		Chimney Type _____	
Electric? <input type="checkbox"/> yes <input type="checkbox"/> no		Kw? _____			
Start Date		Finish Date		Value of work	

Fire Alarm Permit Information

Requiring Code Section _____		
Type(s) of Wiring _____		
Battery Back Up <input type="checkbox"/> yes <input type="checkbox"/> no Generator <input type="checkbox"/> yes <input type="checkbox"/> no		
Number of Zones _____		
Type(s) of System(s) _____		
Type(s) of Detectors(s) _____ Smoke, heat, infrared, ultraviolet, etc.		
Types of Special Applications _____		
Types of Initiating Tests _____		
Start Date	Finish Date	Value of Work

Fire Suppression System Permit

Requiring Code Section(s) _____ Number of Systems _____

Design: NFPA 13 <input type="checkbox"/> yes <input type="checkbox"/> no	Wet System <input type="checkbox"/> yes <input type="checkbox"/> no	Number _____
NFPA 13R <input type="checkbox"/> yes <input type="checkbox"/> no	Dry System <input type="checkbox"/> yes <input type="checkbox"/> no	Number _____
System Type	Piping Type	System Design Pressure (PSI) System Design Capacity (GPM)

Alternate Systems <input type="checkbox"/> yes <input type="checkbox"/> no		Pre-action <input type="checkbox"/> yes <input type="checkbox"/> no		Number of Systems _____	
System Type	Chemical	Capacity	Reference Standard(s)		
Start Date	Finish Date	Value of Work			

PROPOSED DEFERRED SUBMITTALS

<input type="checkbox"/> Foundation Permit	ETA	____/____/____
<input type="checkbox"/> Structural Steel	ETA	____/____/____
<input type="checkbox"/> Fire Suppression	ETA	____/____/____
<input type="checkbox"/> Fire Alarm	ETA	____/____/____
<input type="checkbox"/> Roof Truss	ETA	____/____/____
<input type="checkbox"/> Floor Truss	ETA	____/____/____
<input type="checkbox"/> Spec Books	ETA	____/____/____

Design Professional in Responsible Charge

Name: _____

Registration Number _____

Seal:

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I certify that I am the owner of record, or that I have been authorized by the owner of record to submit this application and that the work described has been authorized by the owner of record, and I agree to conform to all applicable local, state, and federal laws governing the execution of this project. I certify that the Code Official or his delegated representative shall have the authority to enter the areas in which this work is being performed, at any reasonable hour, to enforce the provisions of the Codes governing this project.

Applicant _____ Date _____ Phone _____

Fax _____ Email _____ Mobile _____

PERSONNEL

General Contractor

General Contractor _____

Contact Person _____ Are there other prime contractors? ☐ yes ☐ no If yes, list separately.

Street Address _____

City _____ State _____ Zip _____

Phone _____

Mobile _____

Fax _____

Email _____

Architect

Architect in Responsible Charge	_____
Lead Architect	_____ Contact Person _____
Street Address	_____
City	_____ State _____ Zip _____
Phone	_____
Mobile	_____
Fax	_____
Email	_____

Structural Engineer

Firm	_____
Lead Engineer	_____ Contact Person _____
Street Address	_____
City	_____ State _____ Zip _____
Phone	_____
Mobile	_____
Fax	_____
Email	_____

Electrical Engineer

Firm	_____
Lead Engineer	_____ Contact Person _____
Street Address	_____
City	_____ State _____ Zip _____
Phone	_____
Mobile	_____
Fax	_____
Email	_____

Mechanical Engineer

Architect in Responsible Charge _____
Lead Architect _____ Contact Person _____
Street Address _____
City _____ State _____ Zip _____
Phone _____
Mobile _____
Fax _____
Email _____

Plumbing Engineer

Firm _____
Lead Engineer _____ Contact Person _____
Street Address _____
City _____ State _____ Zip _____
Phone _____
Mobile _____
Fax _____
Email _____

Fire Alarm Engineer / Designer

Firm _____
Lead Engineer/Designer _____ Contact Person _____
Street Address _____
City _____ State _____ Zip _____
Phone _____
Mobile _____
Fax _____
Email _____

Fire Suppression Engineer / Designer

Firm _____
Lead Engineer _____ Contact Person _____
Street Address _____
City _____ State _____ Zip _____
Phone _____
Mobile _____
Fax _____
Email _____

NOTICE

All work, whether or not shown on the construction documents shall comply with the Pa. UCC (IBC and IRC 2003 as referenced). Work not shown will be field checked to determine compliance. Construction documents shall be on site at time of inspection; if not the inspection may be failed, at the discretion of the inspector, for failure to have them available for reference purpose.

Universal accessibility to all services, goods, events, and functions offered within the Commonwealth of Pennsylvania is a guaranteed civil right. Please review your construction documents to insure that right has not been violated. Basic compliance with *all* of the provisions of the standard ANSI A117.1 can help to insure that all of our citizens enjoy access to the goods and services offered within the state. Compliance with the provisions of IBC Chapter 11 and ANSI A117.1 will be field verified and shall be mandatory for receipt of a Certificate of Occupancy. Full compliance with accessibility provisions of the codes is mandatory. Failure to include provisions for compliance on the plan, or in the execution of the work is not an excuse to deny basic accessibility to our citizens.

A list of inspections that *probably* will be required, based on the permit application and plan submission, can be obtained from the Code Official at the time of permit issuance. Noted inspections may be waived or additional inspections may be required, at the discretion of the Code Official, as deemed necessary in order to insure Code Compliance. Inspection approval must be obtained for the work currently complete before proceeding to the next step of construction listed in order for each trade.

All inspections will be conducted by Commonwealth Code Inspection Service, with the exception of special inspections required by the Pa. UCC and/or IBC Chapter 17, and/or at the direction of the Design Professional; or as otherwise directed by the authority having jurisdiction. Special inspections shall be performed per the Pa. UCC and/or IBC Chapter 17, and/or at the direction of the Design Professional.

A special inspection program list shall be furnished to Commonwealth Code Inspection Service for approval prior to the start of the project phase associated with the inspection. The list shall include name of company, corporate officers, address and other contact information, accreditation, and qualifications of individual inspectors.

The applicant or authorized representative must request all regular inspections directly through Commonwealth Code Inspection Service, Inc. with at least 24 hours notice.

Same day service for inspections may be provided if calls are received before 8:00 AM. Telephone 717-664-2347 (Main Office) or 800-732-0043 (In Pennsylvania) or Contact your local CCIS office at

ZONING GUIDELINES

The following activities are examples of activities that require a **stormwater permit** if additional impervious ground cover is created.

- detached gazebos / sheds / garages (less than 240 SF with no electrical / plumbing)
- fences
- decks / patios that are less than 30" above grade.
- non-illuminated signage
- paved and / or stone driveways, parking spaces and sidewalks.
- swimming pools (permanent & temporary that can hold 18 to 23 inches of water with no electrical components)

Complete attached application and submit with a sketch of the project to the Dallastown Borough Office. The drawing must show lot lines, existing features and proposed project location on the property.

The following table summarizes zoning criteria in Dallastown Borough.

Zone	Front Setback	Side Setback	Rear Setback	Accessory structures ¹	Building Height	Lot Coverage	Fencing
R-O	25 ft	10 ft	30 ft	Rear setback: 10 ft Side setback: combined total of 8 ft or more, no less than 3 ft on one side	Principal structure: 2 ½ stories, but not over 30 ft. Accessory structure: 2 stories, but not over 25 ft	Up to 45% may be covered with impervious surfaces	Up to 6 ft. in height in rear and side yards; up to 3 ft in height in front yards. Properties with yards bounded by streets, lanes or avenues, the height of the fence is limited to 3 ft.
R-T	15 ft	SFD ² : 5 ft All other: 10 ft	20 ft	Rear setback: 10 ft Side setback: combined total of 8 ft or more, no less than 3 ft on one side	Principal structure: 2 ½ stories, but not over 30 ft. ³ Accessory structure: 2 stories, but not over 25 ft	Up to 60% ⁴ may be covered with impervious surfaces	
C-S	15 ft	10 ft	20 ft	Rear setback: 10 ft Side setback: combined total of 8 ft or more, no less than 3 ft on one side	Principal structure: 2 ½ stories, but not over 30 ft. Accessory structure: 2 stories, but not over 25 ft	Up to 90% may be covered with impervious surfaces	
C-H	25 ft	20 ft	10 ft	-----	Principal structure: 2 ½ stories, but not over 30 ft. ⁵ Accessory structure: 2 stories, but not over 25 ft	Up to 80% may be covered with impervious surfaces	
I-G	30 ft	20 ft	30 ft	-----	Principal structure: 3 stories, but not over 35 ft. Accessory structure: 2 stories, but not over 25 ft	Up to 90% may be covered with impervious surfaces	Up to 8 ft in height in all yard areas.

¹ Accessory structure are allowed between the rear wall of the principal structure (min of 10 ft away) and the rear setback line.

² SFD = single family detached dwelling

³ Height limit may be extended to 3½ stories but not over 40 ft. if each yard is increased one ft. width for each additional ft. of height over 30 ft.

⁴ 70% lot coverage is acceptable for properties where the lot width is less than 40 feet.

⁵ Height limit may be extended to 3½ stories but not over 40 ft. if each yard is increased one ft. width for each additional ft. of height over 30 ft.

*Swimming pools may require a building permit in addition to a zoning permit

*Additional Zoning criteria will be reviewed at the time your submitted plan is reviewed. Refer to www.dallastownboro.com for a complete text of the Zoning Ordinance.

Zoning Districts: R-O = Residential Outlying; R-T = Residential Town; C-S = Commercial Shopping; C-H = Commercial Heavy & Highway; I-G = Industrial General

STORMWATER MANAGEMENT GUIDELINES

Applications for adding additional impervious areas (impervious materials and surfaces include buildings, decks, patios, porches, garages, pools, sidewalks, stone and paved driveways, stone and paved parking areas, sheds, etc.) to your property will require stormwater runoff considerations. A stormwater permit is required.

The calculation of impervious square footage subject to the Small Project Site Activities fee in lieu program shall run with the land and shall be cumulative beginning January 1, 2013 (Ordinance 575-12). The initial and all future projects subject to payment, as set forth in the fee schedule below, shall be added to any future projects for the purpose of (a) calculating any fee; and (b) determining eligibility for the Small Project Site Activities fee in lieu provisions. Once the total of all projects exceed 500 sq feet (cumulative from 1/1/13) , the property is no longer eligible for a Small Project Site Activity payment in lieu of. The construction of a Stormwater Best Management Practices (BMP) under the Dallastown Borough Stormwater Management Ordinance is required. A Stormwater Permit is required regardless for all projects. Once the total accumulated impervious area exceeds 1000 square feet, a Stormwater Management Plan (SWM) prepared by an engineer is required. The Borough Engineer will review the SWM plan and inspect the construction of the stormwater BMP.

STORMWATER PERMIT FEE SCHEDULE TABLE

0 – 250 SF: \$1.50 / SF or pay no fee and install a small projects stormwater BMP
251– 500 SF: \$375 plus \$3.00 / SF or pay no fee but install a small projects stormwater BMP
501 – 1000 SF: \$50 plan review & inspection fee to install a stormwater BMP per the stormwater ordinance
> 1000 SF: \$200 application fee plus review and inspection fees for a professionally designed stormwater BMP

DEMOLITION GUIDELINES

§ 224-29 Demolition.

Demolition of any structure must be completed within 90 days of the issuance of a permit. Completion consists of tearing the structure down to grade, filling any resulting cavity to grade and removing all resulting debris from the lot. Wood, asphalt shingles and similar building materials shall not be buried or used as fill at the demolition site but must be disposed of at an approved solid waste disposal facility certified to dispose of such materials. A structure may be partly demolished only if a usable structure or building remains, and the demolition of the part is completed as required in the previous sentence. All evidence of the structure which was demolished must be removed from the exterior surfaces of the remaining structure or building. Proof of performance bond and liability insurance must be shown for work of \$1,000 or more.

§ 90-5 Fees

Demolitions. For a permit for the demolition of a building or structure, the fee shall be equal to 10% of the total cost of demolition.