



Township of Salisbury

Lehigh County, PA
2900 South Pike Avenue
Allentown, PA 18103

Phone: 610-797-4000
Fax: 610-797-5516

RESIDENTIAL CONSTRUCTION PERMIT APPLICATION

Permit No.: _____

Date Received: _____

Date Issued: _____

1. PROPERTY INFORMATION:

Site Address: _____ Parcel No.: _____

Property Owner: _____ Phone No.: _____

Owner Address: _____

E-Mail: _____

2. PROPOSED WORK: PLEASE NOTE THAT TWO SETS OF BUILDING PLANS ARE REQUIRED FOR CERTAIN SELECTIONS. REFER TO GUIDELINES FOR PLAN REQUIREMENTS.

- New, Single-Family Dwelling - 2 Sets of Building Plans
- Manufactured Home - 2 Sets of Building Plans
- Addition / Structural Alterations / Repairs - 2 Sets of Building Plans
- Shed / Detached Garage / Car Port - 1,000 Sq. Ft. or Greater - 2 Sets of Building Plans
- Pole Building - 1,000 Sq. Ft. or Greater - 2 Sets of SEALED Building Plans
- Deck / Patio / Ramp - 2 Sets of Building Plans - Required for 30 Inches Above Grade
- Covered Patios & Decks - 2 Sets of Building Plans
- Fence / Wall - If Wall is Four Feet Above Grade - 2 Sets of Building Plans
- Pool Fence - 2 Sets of Building Plans
- Children's Playhouse - Under 1,000 Sq. Ft. of Floor Space – No Plans
- Gazebos / Pergolas - Under 1,000 Sq. Ft. of Floor Space – No Plans

3. CONTRACTOR INFORMATION:

Contractor: _____ Phone No.: _____

Contractor Address: _____

E-Mail: _____ Mobile No.: _____

PA State Contractor Registration No: _____

4. **DESCRIPTION OF WORK:**

Building Area: _____ Sq. Ft.

Estimated Cost of Project: \$ _____

5. **FLOODPLAIN:**

- a. Is the site located within an identified flood hazard area? Yes No
- b. If Yes, will any portion of the flood hazard area be developed? Yes No
- c. Are there any stormwater easements or buffer areas adjoining the property? Yes No
- d. To determine if your site is located within a flood hazard area visit:
<https://msc.fema.gov/portal/>

6. **PERMIT REQUIREMENTS:**

Grading Permit: Required for areas of 2,000 sq. ft. or more of Impervious Surface, and for areas of 5,000 sq. ft. or more of Earth Disturbance.

Building, Plumbing, Electrical, Mechanical, Septic, Sewer and Water Tapping Permits:
Required before construction.

Electrical, Plumbing and Mechanical Permits: Must be submitted together with the Construction Permit as one package.

Site Plot Plan: Showing the location of the construction and all setbacks from property lines, easements, public right-of-ways, and septic area (if private sewage system is installed).

Certificate of Insurance: Must show Workman's Compensation, policy number, and policy date of expiration.

7. **REPAIRS & MAINTENANCE:**

Ordinary repairs and maintenance to existing structures that do not infringe upon a required setback may be made without a Zoning Permit Application **IF** such work does not involve a change in use, expansion, construction or placement of a structure; and does not involve any other activity regulated by the Salisbury Township Zoning Ordinance.

The following activities shall only be carried out **AFTER** receipt of any required Zoning Permit Application:

- a. Erection, construction, movement, placement or extension of a structure, building or sign.
- b. Change of the type of use or expansion of the use of a structure or area of land.
- c. Creation of a lot or alteration of lot lines.

8. EROSION & SEDIMENT CONTROLS:

I understand it is my responsibility to have sufficient E&S Controls in place **BEFORE ANY EXCAVATION OR EARTH DISTURBANCE, NO MATTER HOW SMALL.** Mud, dust or other substances that washes off the site may enter a storm sewer. This is considered water pollution and may result in an Enforcement Action. E&S Controls must be kept in place until the area has been stabilized and seeded.

Initial: _____

The Applicant certifies that all information is correct, and the work will be completed in accordance with the "approved" construction documents and PA Act 45 (Uniform Construction Code), and any additional approved building code requirements adopted by the Township of Salisbury. The property owner and applicant assume the responsibility of locating all property lines, setback lines, easements, rights-of-way, flood areas, etc. Issuance of a permit and approval of construction documents shall not be construed as authority to violate, cancel or set aside any provisions of the Codes or Ordinances of the Township of Salisbury, or any other governing body. The applicant certifies he/she understands all the applicable Codes, Ordinances and Regulations.

I certify that the Code Administrator or the Code Administrator's authorized representatives shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.

Signature of Applicant or Authorized Agent: _____

Print Name of Applicant or Authorized Agent: _____

ALLOW 15 BUSINESS DAYS FOR RESIDENTIAL PERMIT APPROVAL

OFFICE USE ONLY

DATE PERMIT APPROVED: _____

CODE OFFICER: _____

Permit No.: _____

Date Issued: _____

Date Expires: _____

Base Permit Fee: \$ _____

Square Footage Fee: \$ _____

PA State Fee: \$ _____

TOTAL: \$ _____



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M E M O

TO: CONTRACTORS and RESIDENTS IN SALISBURY TOWNSHIP

FROM: TOWNSHIP OF SALISBURY, LEHIGH COUNTY, PA

DATE: SEPTEMBER 17, 2002

RE: ACT 44 – THE WORKERS COMPENSATION REFORM ACT

Please be advised that **NO** Salisbury Township Permit Application will be issued to any Contractor or Resident working in Salisbury Township unless the Township Planning & Zoning Department has been supplied with the required proof of **WORKERS COMPENSATION INSURANCE**, either by:

1. **CONTRACTORS – A CERTIFICATE OF INSURANCE** showing Workers Compensation with policy numbers, including the policy's Date of Expiration, showing Salisbury Township as the certificate holder:

**Township of Salisbury
2900 South Pike Avenue
Allentown, PA 18103**

2. **SELF-EMPLOYED** – the attached **WORKERS COMPENSATION VERIFICATION FORM** is used for those individuals who are self-employed. This form must be signed and notarized prior to work being performed.
3. **RESIDENTS** – the above does not apply if you, the resident, are doing the work yourself. Please confirm by filling in your name and address in the space provided for the Contractor name and address.

THIS IS A STATE LAW



WORKERS COMPENSATION VERIFICATION FORM

A. THE APPLICANT IS A CONTRACTOR WITHIN THE MEANING OF THE PENNSYLVANIA WORKERS COMPENSATION LAW:

Yes No

If the answer is "YES", complete Sections B and C below as appropriate

B. INSURANCE INFORMATION:

Name of Applicant: _____

Federal or State Employer Identification No.: _____

APPLICANT IS A QUALIFIED SELF-INSURER FOR WORKERS COMPENSATION:

Name of Workers Compensation Insurer: _____

Workers Compensation Insurance Policy No.: _____ Expiration Date: _____

C. EXEMPTION:

Complete Section C if the Applicant is a contractor claiming exemption from providing Workers Compensation Insurance.

The undersigned swears or affirms that he/she is not required to provide Workers Compensation Insurance under the provisions of Pennsylvania's Workers Compensation Law for one of the following reasons as indicated:

- Contractor With No Employees** - contractor prohibited by law from employing any individual to perform work pursuant to this building permit unless contractor provides proof of insurance to the Township.
- Religious Exemption** - under the Workers Compensation Law.

Print Applicant Name

Address

City, State, Zip

County

Municipality

Signature of Applicant

Subscribed and sworn before me this
 _____ day of _____ 20____

Signature of Notary Public

My Commission Expires: _____

(SEAL)



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ZONING APPLICATION

NOTICE

This permit is void within one year of date of issuing if work has not commenced.

Zoning Permit No.: _____
Date Received: _____
Date Issued: _____
Fee: _____

A. LOCATION, OWNERSHIP AND PRESENT USE OF PROPERTY:

1. Street & Number: _____ Zoning District: _____
2. Property Owner: _____ Phone: _____
3. Owner's Address: _____ Parcel No.: _____
4. Name of Business: _____ Space or Suite Number: _____
5. Present Use of Land: Residential Commercial Undeveloped
6. Type of Structure: Stand-Alone Bldg. Multi-Unit Residential Bldg. Multi-Use Commercial Bldg.
7. No. of Dwelling Units: _____ Multi-Family / Number of Units: _____ Single-Family Residential
8. Number of Structures & Buildings on Lot: _____ Describe: _____
9. Estimated Cost of Project: \$ _____

B. PROPOSED TYPE / USE OF STRUCTURE AND / OR LAND:

- | | | | |
|--------------|--|--|---|
| Type: | <input type="checkbox"/> New Structure | <input type="checkbox"/> Conditional Use | <input type="checkbox"/> Sign |
| | <input type="checkbox"/> Addition | <input type="checkbox"/> Minor Subdivision | <input type="checkbox"/> Agriculture |
| | <input type="checkbox"/> Change of Use | <input type="checkbox"/> Major Subdivision | <input type="checkbox"/> Alterations |
| | <input type="checkbox"/> Accessory Use | <input type="checkbox"/> Land Development | <input type="checkbox"/> Medical Offices |
| Use: | <input type="checkbox"/> Retail | <input type="checkbox"/> Auto Sales | <input type="checkbox"/> Cell Tower |
| | <input type="checkbox"/> Food Service | <input type="checkbox"/> Auto Repair | <input type="checkbox"/> School |
| | <input type="checkbox"/> Warehouse Storage | <input type="checkbox"/> Place of Worship | <input type="checkbox"/> Home Occupation |
| | <input type="checkbox"/> Hospital | <input type="checkbox"/> Office | <input type="checkbox"/> Other – See Proposed Use of Land |
| | <input type="checkbox"/> Business | <input type="checkbox"/> Industrial | <input type="checkbox"/> In Detail |

C. DESCRIPTION OF WORK:

Property Address: _____

Date: _____

D. FLOODPLAIN:

- 1. Is the site located within an identified flood hazard area? Yes No
- 2. If Yes, will any portion of the flood hazard area be developed? Yes No
- 3. Are there any stormwater easements or buffer areas adjoining the property? Yes No
- 4. To determine if your site is located within a flood hazard area visit:
<https://msc.fema.gov/portal/>.
- 5. Lots located within a flood hazard area must provide a Certificate of Flood Elevation.

E. PERMIT REQUIREMENTS:

Grading Permit: Required for areas of 2,000 Sq. Ft. or more of Impervious Surface, and for areas of 5,000 Sq. Ft. or more of Earth Disturbance.

F. CHANGE OF USE:

- 1. Name of Previous Business: _____
- 2. Previous Use or Type of Business: _____
- 3. Name of Proposed Business: _____
- 4. Total Sq. Ft. Floor Space: _____ No. of Parking Spaces: _____ ADA Accessible Spaces: _____
- 5. Were there any previous Appeals to the Zoning Hearing Board? If so, provide specifics and date of the Appeal:

G. It is understood and agreed upon by this Applicant that any misstatement or misrepresentation of material fact, either with or without intention on the part of this Applicant, such as might or would operate to cause a refusal of this application, or any change in the location, size or use of structure or land made subsequent to the issuance of this permit without approval of the Zoning Office, shall constitute sufficient ground for the revocation of this permit.

I understand that the Township does not enforce Deed Restrictions and that I am responsible to adhere to Deed Restrictions.

H. APPLICANT:

- 1. Applicant Name: _____ Phone: _____
- 2. Applicant Address: _____
- 3. E-Mail Address: _____
- 4. Owner / Lessee / Authorized Agent for Owner of Subject Property: _____
- 5. Print Name: _____ Date: _____

Property Address: _____

Date: _____

THIS SECTION APPLIES TO NEW CONSTRUCTION ONLY

1. REQUIRED PLOT PLAN INFORMATION:

- a. North Arrow
- b. Lot Dimensions, Size & Parking Area
- c. Water Bodies & Wetlands
- d. Well & Septic Location (if applicable)
- e. Proposed Structures including Signs
- f. Roads, Right-of Ways, Driveways including adjoining streets of corner lots
- g. Setback distances from existing and proposed structures to lot lines, water bodies, wetlands, steep slopes, pools, private sewers, wells, and road (both roads on corner lots)

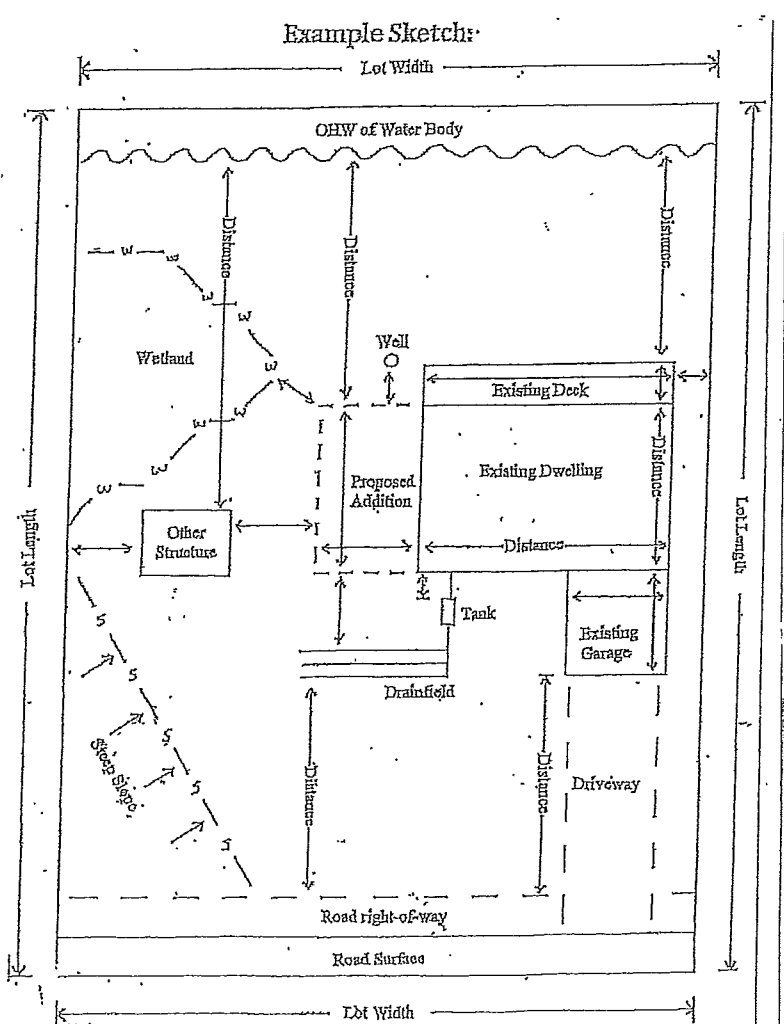
2. WETLAND:

An area inundated or saturated by surface or groundwater at a frequency and duration sufficient to support, and under normal circumstances, do support vegetation typically adapted for life in saturated soil conditions. Wetlands generally include swamps, marshes, bogs and similar areas.

- a. All existing and proposed impervious hard surfaced structures such as decks, driveways, patios, walkways, retaining walls and any other structure, including dimensions. List each below.
- b. A description of each adjoining property; i.e., single-family homes, park, shopping center.

3. NOTE: A Sketch Plan of the site depicting the Zoning, Front, Back and Side Yard Dimensions of all buildings existing is a required part of the permit application. See attached Sketch Plan or you may submit your own Sketch Plan.

Example Sketch:



MUST BE COMPLETED - MISSING INFORMATION WILL RESULT IN PERMIT DENIAL

SETBACK DISTANCE FROM LOT LINE TO PROPOSED STRUCTURE:

Front: _____	Rear: _____
Side: _____	Side: _____
Proposed Height Above Grade: _____	
Public Water: Yes ___ No ___ N/A ___	
Public Sewer: Yes ___ No ___ N/A ___	
Private Sewer: Yes ___ No ___ N/A ___	
Well Water: Yes ___ No ___ N/A ___	
Flag Lot: Yes ___ No ___	
Property in a Floodplain? Yes ___ No ___	
Will proposed work disturb 5,000 sq. ft. or more of earth? Yes ___ No ___	
Will proposed work create 2,000 sq. ft. or more of impervious coverage? Yes ___ No ___	

Property Address: _____

Date: _____

IMPERVIOUS SURFACE CALCULATION WORKSHEET

THIS WORKSHEET DOES NOT APPLY TO MY PROJECT INITIAL: _____

1. This Worksheet **IS** required for new construction, movement, placement or extension of a structure.
2. This Worksheet **IS NOT** required for repairs and maintenance of existing structures.

A. IMPERVIOUS SURFACE: Any area covered by roofs, concrete, asphalt or other man-made cover that creates runoff. **MAXIMUM PERMITTED PERCENTAGE CALCULATION:** Lot Size Sq. Ft. x District % = Maximum Sq. Ft. of Impervious Coverage:

Lot Size	_____	sq. ft.
House (including attached garage)	_____	sq. ft.
Detached Garage	_____	sq. ft.
Driveway (concrete, pavement, pavers or stone)	_____	sq. ft.
Walkway	_____	sq. ft.
Shed(s)	_____	sq. ft.
Patio (pavers or concrete)	_____	sq. ft.
Deck (covered by roof)	_____	sq. ft.
Inground Pool Decking (concrete or paver)	_____	sq. ft.
Other	_____	sq. ft.
Total (existing)	_____	sq. ft.
Proposed Construction	_____	sq. ft.
Total with Proposed Construction	_____	sq. ft.
Total Percentage	_____	%
Maximum Permitted Percentage	_____	%

B. MAXIMUM PERMITTED IMPERVIOUS COVERAGE BY DISTRICT:

R1 = 50% / **R2** = 50% / **R3** = 50% (except 80% for nursing home or hospital) / **R4&R5** = 60%
CR = 15% / **C1** = 65% (with exceptions) / **C2** = 85% / **C3** = 85% (except 80% if the lot is more than three acres) / **I** = 80%

BUILDING COVERAGE CALCULATION WORKSHEET

C. BUILDING COVERAGE: Footprint area of all buildings on a lot including deck and porches covered by a permanent roof. **MAXIMUM PERMITTED PERCENTAGE CALCULATION:** Lot Size Sq. Ft. x District % = Maximum Sq. Ft. of Building Coverage:

Lot Size	_____	sq. ft.
House (including attached garage)	_____	sq. ft.
Detached Garage	_____	sq. ft.
Shed(s)	_____	sq. ft.
Deck or Patio (covered by roof)	_____	sq. ft.
Total (existing)	_____	sq. ft.
Proposed Construction	_____	sq. ft.
Total with Proposed Construction	_____	sq. ft.
Total Percentage	_____	%
Maximum Permitted Percentage	_____	%

D. MAXIMUM PERMITTED IMPERVIOUS COVERAGE BY DISTRICT:

R1 = 20% / **R2** = 25% / **R3** = 30% / **R4&R5** = 35% / **CR** = 10% / **C1** = 30% / **C2** = 45% / **C3** = 35% / **I** = 50%

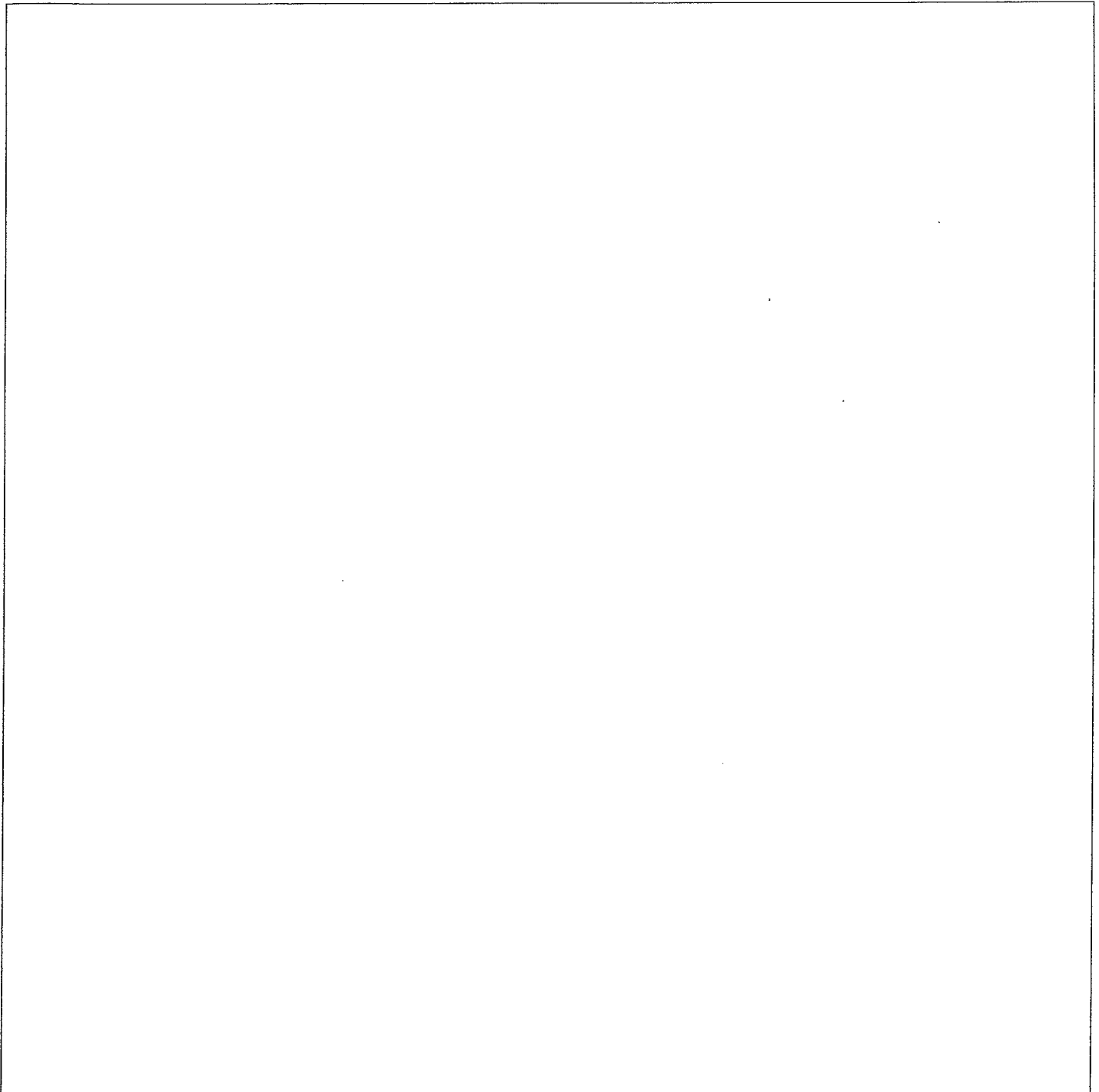
Property Address: _____

Date: _____

SKETCH PLAN

NOTE: A LEGIBLE SKETCH PLAN IS REQUIRED.

The Township requires the applicant to provide a Plot Plan depicting the existing structures, proposed work, and set back distances to property lines. Applications that do not include this information will be considered incomplete.

A large, empty rectangular box with a thin black border, occupying the central portion of the page. It is intended for the applicant to draw a sketch plan showing existing structures, proposed work, and set back distances to property lines.

Property Address: _____

Date: _____

OFFICE USE ONLY

1. APPLICATION APPROVED: Yes No Date: _____

Zoning Officer: _____

2. COMMENTS: _____

3. APPEAL TO ZONING HEARING BOARD: Yes No

Appeal No.: _____

Date of Appeal: _____

Date of Hearing: _____

Variance Yes No
Special Exception Yes No
Conditional Use Yes No

Appeal Enforcement Notice Yes No
Appeal Interpretation of Ordinance Yes No

4. BOARDS' DECISION: GRANTED DENIED Date: _____

Additional Comments: _____



ZONING REQUIREMENTS RESIDENTIAL ACCESSORY STRUCTURES

SHEDS / GARAGES / POLE BUILDINGS / PORCHES / POOL HOUSES CHILDREN'S PLAYHOUSE / GAZEBOS / PERGOLAS

SETBACKS: SHEDS / DETACHED GARAGES / CARPORTS / GAZEBOS / PERGOLAS

Structures involving a permanent roof (such as a porch with a permanent roof or a carport) that is attached to a Principal Building shall be considered to be a part of that Principal Building are required to meet the Principal Building Setbacks.

All structures require a Zoning Permit and proposed structures with 1,000 square feet of floor space, and walls four feet in height and higher require both a Zoning and Construction Permit.

CR DISTRICT: 6 feet from lot lines, except 20 feet for side and rear yards abutting a public street

Maximum Height: 22 feet above grade maximum, except 35 feet maximum on a lot area more than 5 acres

R2 DISTRICT: 6 feet from lot lines, except 10 feet for side and rear yards abutting a public street

Maximum Height: 22 feet above grade maximum, except 35 feet maximum on a lot area more than 5 acres

R3 DISTRICT: Structures 200 sq. ft. and larger – 6 feet from lot lines, except 10 feet for side and rear yards abutting a public street. Structures less than 200 sq. ft. may be as close as 3 feet from lot lines, except 10 feet for side and rear yards abutting a public street.

Maximum Height: 22 feet above grade

R4 & R5 DISTRICTS: Structures 200 sq. ft. and larger – 6 feet from lot lines, except 10 feet for side and rear yards abutting a public street. Structures less than 200 sq. ft. may be as close as 3 feet from lot lines, except 10 feet for side and rear yards abutting a public street.

Maximum Height: 22 feet above grade

SETBACKS: POOL HOUSES / POOL DECKS

Pool Houses and Decks that are elevated above the average surrounding ground level shall meet the following minimum setbacks:

CR, R1 & R2 DISTRICTS: 15 feet from the lot line of an abutting dwelling, and 20 feet on lots that abut a public street

R3, R4 & R5 DISTRICTS: Ten feet from the lot line of an abutting dwelling