

GROWTH PERMIT APPLICATION

1. NAME of Owner of Lot _____ Phone # _____

2. ADDRESS of Owner: Street _____ City _____ State _____ Zip _____

3. LOT Description

A. Subdivision Name _____ Lot Number _____ Tax Map _____ Lot # _____

Street Name _____ Lot Area, Square Feet _____

4. DATE OF DEED of ownership of lot: Day _____ Month _____ Year _____

A. Date of deed registry – York County Registry of Deeds Date _____ Book _____ Page _____

5. PURPOSE - Single Family _____ Duplex _____ Multi-family _____ Other _____

6. FALSE INFORMATION: Any person who knowingly provides false information on an application shall be subject to the penalties provided by law and shall not be eligible to apply for a Growth Permit Application for a period of one (1) year.

7. APPLICANT CERTIFICATION, SIGNATURE AND DATE

I certify that all of the above information given by me is true and correct to the best of my knowledge.

Signature of Applicant

Date

8. For an application to be complete the following must be attached;

1. Septic design (HHE-200 form, no more than 2 years old), and
2. Application Fee of \$200.00.
3. Current deed or purchase and sales agreement.
4. Before a permit can be issued - Articles of incorporation, or other types of business documents may be required as proof of compliance with Section 6.C.4.

9. DATE APPROVED BY CODE ENFORCEMENT OFFICER

Date _____ Time _____

Code Enforcement Officer

10. EXPIRATION DATE OF GROWTH PERMIT

A growth permit which has not been replaced with a building permit within ninety days of Growth Permit Approval by the Code Enforcement Officer shall be considered expired and must be resubmitted for consideration. Building Permit application must be submitted to the Code Enforcement Officer by:

Date _____

11. FINAL ACTION

Building Permit Number _____ Date Issued _____

CEO Signature