ZONING PERMIT APPLICATION

Fee: $ _____

PERMIT # _____ - _____ - **Z** Paid: _____

1. **Type of Improvement**

   ☐ Erect a Structure ☐ Add to a Structure ☐ Add a Use ☐ Change a Use/Occupancy

2. **Present use of structure or property:** _____

3. **Proposed use of structure or property:** _____

4. **Site Location of Property:** _____
   (Complete Address Required)

5. **Lot Size:** _____ 6. **Zoning District:** _____

7. **Tax Parcel # (located on tax bill above name):** _____ - _____ - _____

8. **Work Description:** _____

Length:	**Width:**	**Height:**
Stories:	**Floor Area:**	**Parking Spaces:**
Sewage Permit#:	**Type of Sewer (Public / Onsite)**	**Type of Water (Public / Onsite)**
Estimated Cost:		**Located in floodplain (Y/N)**
Impervious coverage (SF):		**Building coverage (SF):**
Area Being Disturbed:		
Contractor:	**Address:**	**Phone#:**
		Email:

9. **Property Plan – <u>REQUIRED</u> (Use attached sheet or separate sheet)**

   ☐ Attached is a dimensioned plan of the proposed work and parcel indicating north, property lines, streets, easements, rights-of-way(s), existing structures, proposed structures, existing setbacks, proposed setbacks, size of proposed and existing structures.

10. **Applicant Information:**

Applicant:	Address:	Phone #:
		Email:
Owner:	Address:	Phone #:
		Email:

I, the Undersigned, do hereby certify that the information contained in this application and supporting documents is true and correct and that I may be subject to prosecution under Penalty of 18 Pa.C.S.A. Section 4904 for making knowingly false statements or representations. I hereby attest, the proposed work, as outlined will conform to the standards of all applicable ordinances / regulations. In addition, I have reviewed and agree to all items contained in the Application Supplement provided by the municipality with this Application.

11. **Signature:** _____ **Date:** _____

(FOR ZONING OFFICE USE ONLY)

Application is hereby: APPROVED ☐ DENIED ☐ INCOMPLETE ☐

Remarks:

_____

Approved by: _____, Zoning Officer Date: _____