

ZONING PERMIT APPLICATION

ZONING PERMIT #: _____

REQUIRED DOCUMENTATION:

FEE: \$75.00

Site plans must accompany application or it will not be accepted.

Lot Coverage is Total of Building Coverage plus all other cover, such as driveways, parking lots, decks, patios, uncovered porches, walkways, etc. An increase of 400 sf of impervious coverage (whether Building or Lot) requires Stormwater Management.

I. PROPERTY INFORMATION

Applicant/Owner Name: _____
First Last

Contact Information: _____
Business Phone Home or Mobile (Circle) Email

Mailing Address: _____
Street City Zip Code

Property Address (If different): _____

Tax Parcel Number: _____ **Zoning District:** _____ **Corner Lot:** ___ Yes ___ No

II. USE DETAILS (Check all that apply)

Applicant is applying for: Construct: ___ Alter: ___ Demolish: ___ Addition: ___ Use or Change of Use: ___
 Description: _____

Current Use: Residential: ___ Commercial: ___ Industrial: ___ Nonconforming: ___

Proposed Use: Residential: ___ Commercial: ___ Industrial: ___ Nonconforming: ___

Type of Occupancy: Single-Family Residential: ___ Multi-Family Residential: ___ Commercial: ___
 Institutional: ___ Industrial: ___ Nonconforming: ___

III. ZONING REGULATIONS (All Fields must be completed)

| | REQUIRED | EXISTING | PROPOSED |
|--|----------------|----------|----------|
| Lot Area (sq. ft.) | _____ | _____ | _____ |
| Min. Lot Width (ft.) | _____ | _____ | _____ |
| Min. Front Yard Setback (ft.) | _____ | _____ | _____ |
| Min. Side Yard Setback (ft.) | _____ | _____ | _____ |
| Min. Rear Yard Setback (ft.) | _____ | _____ | _____ |
| Max. Bldg. Coverage (%) | _____ | _____ | _____ |
| Max. Lot Coverage (%) | _____ | _____ | _____ |
| Max. Bldg. Height (ft.) | _____ | _____ | _____ |
| Parking Spaces (#) | _____ | _____ | _____ |
| Accessory Structure Floor Area (sq. ft.) | Not Applicable | _____ | _____ |

****SEE REVERSE SIDE FOR SIGNATURE****

IV. APPLICANT SIGNATURE

The information provided by the applicant named on this document is true and correct to the best of his/her knowledge. Falsified information may result in the revocation of the Zoning Permit and appropriate legal action as is provided by Commonwealth Law.

Applicant Signature: _____ **Date:** _____

Property Owner Signature (if different): _____ **Date:** _____

V. BOROUGH REVIEW

Amt. Paid: \$ _____ **Check #:** _____ **Dated:** _____

Approved: ___Yes ___No **Zoning Permit #:** _____ **Building Permit #:** _____

Zoning Officer's Signature: _____ **Date:** _____

Planning Commission Approval Required: ___Yes ___No

If Not approved, was a Zoning Hearing Board Application and Zoning Plan Review Notes provided: ___Yes ___No