



APPLICATION FOR ZONING PERMIT

Residential

Harborcreek Township

County Tax Index #(27) _____

Permit # _____

WE, the undersigned, owners or their representative, of the following described property, do hereby apply to you for a Certificate of Zoning and for such use, based on the information hereinafter set out. This application is made subject to the penalties of 18 Pa. C.S.A. §4904 relating to unsworn falsification to authorities.

Address of Property for which application made _____

Owner of Property _____ Phone# _____

Address of Property Owner (if different) _____

Zoning Permit Applicant's Name (if different) _____ Ph. # _____

Zoning Permit Applicant's Address (if different) _____

Zoning District _____ Subdivision/Development _____ Lot # _____

Lot Size: Road Frontage _____ Depth _____ Area _____

Improvement: (check one)

Single Family Addition (i.e. family room, enclosed porch, 2nd floor, etc.)

Accessory Building (i.e. garage, shed) Deck

Interior Remodel 2-Family Multi-Family Other

Describe Construction (i.e. 16' x 16' addition to dwelling) _____

Stories Dwelling Units Presently on Lot: _____ Dwelling Units on Completion: _____

Proposed Off Street Parking _____ Required Off Street Parking on Completion _____

Setbacks: Front Yard _____ Required _____ _____ Height (grade to highest point)

 Rear Yard _____ Required _____ Total Sq. Ft. of Lot Coverage _____

 Side Yard _____ Required _____ % of Lot Coverage _____

Sq. Ft. of New Building Floor Space (Include Basement, Garage and decks) _____

Estimated Construction Cost: \$ _____ Permit Fee: \$ _____ Date: _____

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Residential

Contractor/Builder Name: _____ Work's Comp. Insurance? _____

Contractor/Builder Address: _____ Phone # _____

If lot is in an approved Subdivision/Development, will approved grading plan be preserved? _____

If the lot is within a development for which a stormwater plan has been approved, or the applicant is proposing a revision to a previously approved stormwater plan: The plan must be approved prior to issuing this permit and implemented prior to occupancy.

No work may be conducted within the Township or State right of way without a permit.

Is access to State Highway or Township right of way requested? _____

Submitted: Highway Occupancy Permit _____ Township Street Access Permit _____

Sidewalks are required to be constructed? _____(Yes or No) Availability of Public Water (If Appl.) _____

Sewer connection permit _____ (If Appl.) Septic Permit No. _____

Flood Plan Designation _____ Lowest Floor El. If Appl. _____ Bluff Recession Setback (Appl.)? _____

Was a Zoning Hearing Board decision needed for this permit? (Yes/No) Approved _____ Appeal # _____

If the proposed building or structure is within 50 feet from the top of a stream bank and/or located within a wetland area, I will contact the Pennsylvania DEP and obtain permission to build prior to starting construction.

Notice to Taxpayer - By Ordinance No. 2010-201 you may be entitled to exemption from tax on your contemplated improvement or new construction by reassessment. An application for exemption may be secured from the designated official at the Township of Harborcreek and must be filed at the time the building permit is secured.

I hereby agree that all applicable provisions of the Harborcreek Township Codes shall be complied with.

Applicant's Signature: _____ Date: _____

..... OFFICE SPACE ONLY

Date of Approval or Denial _____ Reason: _____

Date of Expiration _____ Zoning Officer Signature: _____

HARBORCREEK TOWNSHIP ZONING PERMIT

Index No. _____ Address _____

Type Improvement _____ Est. Construction Cost _____

Subdivision _____ Lot # _____ Tax Relief? Yes/No _____ Conforming: Yes/No _____

ZONING PERMIT SITE PLAN

Zoning Permit # _____ Date: _____

Zoning Permit Authorization _____

Comments _____

ZONING PERMIT IS NOT VALID UNLESS SITE PLAN IS AUTHORIZED BY BCO/INSPECTOR BELOW.

_____ Date: _____

BCO/Inspector Site Plan Verification

Revised Site Plan Authorized (If Applicable) _____

(Inspector)

Date: _____ Time: _____

ZHB Decision Date (if applicable): _____
