

STEWARTSTOWN BOROUGH

6 NORTH MAIN STREET

STEWARTSTOWN, PA 17363

PHONE: (717) 993-2963

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APPLICATION FOR ZONING PERMIT

**THIS PERMIT APPLICATION MUST BE ACCOMPANIED BY
TWO (2) SETS OF DESIGN DRAWINGS VERIFYING COMPLIANCE
WITH THE STEWARTSTOWN BOROUGH ZONING ORDINANCE**

Owner Information	Owner Name _____ Street Address _____ City _____ State _____ Zip Code _____ Phone Number _____									
Contractor	(Name/Address/Phone) _____ _____									
Project Information This section MUST be completed.	Site Address _____ <div style="text-align: right;">Lot Area: _____ Sq.Ft.</div> Proposed setbacks (ft): Front _____ Rear _____ Sides: ___ Right ___ Left Area of Proposed Structure: _____ Sq. Ft. Area of all Existing Structures: _____ Sq.Ft. Area of all other Impervious Cover (see note below) _____ Sq.Ft. Note: Impervious cover includes sidewalks, driveways, decks, patios, Swimming pools and attached decking. AREA = LENGTH X WIDTH (not location) Is project in flood hazard area? ___ Yes ___ No Height of Structure: _____ Ft. Estimated Cost of Construction (reasonable fair market value \$ _____) Start Date: _____ Completion Date: _____									
Project Data	Provide a description of existing and or proposed use(s), with sufficient detail for determination of appropriate classification of occupancy type(s): _____ _____ _____									
Type of Work or Improvement	<table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Accessory Building</td> <td><input type="checkbox"/> Fence</td> <td><input type="checkbox"/> Patio</td> </tr> <tr> <td><input type="checkbox"/> Repair</td> <td><input type="checkbox"/> Demolition</td> <td><input type="checkbox"/> Relocation</td> </tr> <tr> <td><input type="checkbox"/> Change of Use</td> <td><input type="checkbox"/> Deck</td> <td><input type="checkbox"/> Other</td> </tr> </table>	<input type="checkbox"/> Accessory Building	<input type="checkbox"/> Fence	<input type="checkbox"/> Patio	<input type="checkbox"/> Repair	<input type="checkbox"/> Demolition	<input type="checkbox"/> Relocation	<input type="checkbox"/> Change of Use	<input type="checkbox"/> Deck	<input type="checkbox"/> Other
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Applicant's Certification:

As the owner or the authorized agent of the project for which this application is filed, I certify that:

- 1 The description of use, estimated construction cost and all other information provided as part of this application for a zoning permit is correct.
- 2 The building or structure described in this application will not be occupied until all known code violations are corrected and a Certificate of Occupancy has been received from Stewartstown Borough.
- 3 This project will be constructed in accordance with the approved drawings and specifications.
- 4 Any changes to the approved documents will be filed with Stewartstown Borough.

APPLICANT MUST COMPLETE ONE OF THE SECTIONS BELOW:

Applicant, if other than owner:

Name (typed or printed)

Phone: _____

Mailing Address: _____

Signature Date

Owner's signature is required.

Applicant, if owner:

Name (typed or printed)

Phone: _____

Mailing Address: _____

Signature Date

PLOT PLAN

DRAWING REQUIREMENTS

1. Sketch the lot, including dimensions showing proposed property line setbacks.
2. Sketch the proposed structure showing overall size relative to the location on the lot.
3. Include any and all utility easements and rights of ways that appear on the lot.
NO BUILDING ALLOWED ON BOROUGH EASEMENTS OR RIGHTS OF WAY
4. If excavation is required, the applicant must include a sedimentation and erosion control plan.
5. THIS PERMIT APPLICATION MUST BE ACCOMPANIED BY TWO SETS OF DESIGN DRAWINGS VERIFYING COMPLIANCE WITH **THE STEWARTSTOWN BOROUGH ZONING ORDINANCE.**

DRAWN BY: _____ DATE: _____ SCALE: _____