

WEST CHILLISQUAQUE TOWNSHIP

Application for Zoning Permit

Application is hereby made for a zoning permit to erect or alter a structure or sign, to establish a business or to change the use of premises for the purpose described herein. The information which follows, together with the location diagram, is made a part of this application by the undersigned. It is understood and agreed by this applicant that any error, mis-statement or mis-representation of information presented herein, either with or without the intention on the part of the applicant, shall constitute sufficient grounds for the refusal of this application or revocation of any permit issued based on the application.

I. Applicant Information

- A. Name: _____
- B. Address: _____
- C. Phone No.: _____

II. Property Information

- A. Property Address where work is to be performed (if different from applicant): _____

- B. Owner of Property (if different from applicant): _____
- C. Owner's Address and Phone No. (if different from applicant): _____

- D. Zoning District: _____
- E. Tax Map and Parcel No.: _____
- F. Present Use of Structure or Land: _____
- 1. No. of Dwelling Units: _____
- G. Proposed Use of Structure or Land: _____
 - 1. _____ Establish a New Business
 - 2. _____ Erect a Sign
 - 3. _____ Construct Addition
 - 4. _____ Construct Accessory Building
 - 5. _____ Relocate Structure
 - 6. _____ New Structure
 - a. Proposed Use: _____
 - b. No. of Dwelling Units: _____
 - 7. _____ Other: _____
- H. Estimated Starting Date: _____
- I. Estimated Completion Date: _____

III. Complete the Appropriate Section(s) Below:

- A. Sign Permit
 - 1. Type of Sign:
 - a. _____ Flush mounted on wall
 - b. _____ Mounted Perpendicular to supporting wall
 - c. _____ Free Standing
 - (1) Distance from
 - (a) Lot line: _____
 - (b) Public Right-of-way: _____
- 2. Size of Sign:
 - a. Height: _____ Width: _____
- 3. Wording: _____

B. Business Permit

1. Type of Business:
- | | |
|-------------------------------|----------------------------|
| _____ Retail | _____ Government Office(s) |
| _____ Professional Service(s) | _____ Shopping Center/Mall |
| _____ Restaurant | _____ Club and/or Lodge |
| _____ Business Office(s) | _____ Motel |
| _____ Professional Offices(s) | _____ Auto Sales/Service |
| _____ Other (explain) _____ | |
2. Proposed Parking:
- a. Total number of spaces: _____
- b. Size of each space: _____
- c. Total area of parking lot: _____

C. Construction Permit

1. Lot:
- a. Road/Street Frontage (Measured at front of building line): _____ ft.
- b. Structure setback from right-of-way: _____ ft.
- c. Side Yard Clearance(s): _____ ft.
- d. Rear Yard Clearance: _____ ft.
- e. Area of Lot: _____ ft.
2. Proposed Structure:
- a. Height _____ ft.
- b. Length _____ ft.
- c. Width _____ ft.
- d. No. of stories, including basement _____ ft.
- e. Contractor's Name, Address and Phone No. (if different from applicant): _____
- _____
3. Existing Structure(s):
- a. _____
Length _____ ft. Width _____ ft.
- b. _____
Length _____ ft. Width _____ ft.
- c. _____
Length _____ ft. Width _____ ft.

IV. Compliance with Other Regulations:

- A. Sewage Disposal (check one)
1. Community or Central Sanitary Sewer available _____
2. Individual or On-Lot Sewer System _____
- a. Permit No. _____
3. Not Applicable _____
- B. Flood Plain Location (check one)
1. Floodway _____
2. Floodway Fringe _____
3. Not within 100 Year Floodplain _____
- C. Subdivision and Land Development
1. Name of Approved Subdivision Plan _____
- a. Date Approved _____
2. Name of Approved Land Development Plan _____
- a. Date Approved _____
3. Not Applicable _____

D. Scaled drawing showing all existing structures, proposed construction and relation to all existing roads public/private. Show all setbacks and all existing boundary lines.

V. Certification

A. Under the penalties of the Pennsylvania Crimes code for the falsification of information to authorities, I (we) certify that:

1. All of the information as set forth in this application is true and correct.
2. All construction will comply with the requirements of the Municipal Zoning Ordinance Code.
3. If construction is within the floodplain, all requirements of the Municipal Floodplain Ordinance will be met.
4. This permit applies to zoning only and shall not relieve the applicant from obtaining such other permits as may be required by law.

Authorized Signature

Date

Fee Paid (Payable to WCT)

DO NOT WRITE BELOW THIS LINE

VI. Application Review Record (For Office Use Only)

A. Sign:

1. Meets district requirements _____
2. Meets size requirements _____
3. Meets setback requirements _____
4. Meets height requirements _____

B. Business:

1. Meets zoning district requirements _____
2. Meets parking requirements _____

C. Construction:

1. Meets setback requirements _____
2. Meets lot width requirements _____
3. Meets building coverage requirements _____
4. Meets structural dimension requirements _____
5. Meets floodplain requirements (if applicable) _____
6. Meets PennDOT Access approval (if applicable) _____
7. Meets PA Dept. of Labor and Industry compliance (if applicable) _____

D. Application Approved _____ Date: _____
Zoning Permit No. _____

E. If application denied, state reason(s): _____

Zoning Officer

F. Applied to Zoning Hearing Board/Governing Body:

Date: _____

1. Zoning Hearing Board Hearing: Date: _____

2. Governing Body Hearing: Date: _____

3. Type of Action Requested:

a. Appeal _____

b. Special Exception _____

c. Variance _____

d. Conditional Use _____

G. Decision of Zoning Board Hearing Board/Governing Body:

Approved/Denied Date: _____

H. Referred to Planning Commission: Date: _____

Comments submitted to Zoning Hearing Board/Governing Body by Planning Commission:

I. Additional Remarks: _____