

PERMIT NUMBER \_\_\_\_\_

MAP NUMBER \_\_\_\_\_

**TYPE OF STRUCTURE ( Check One Below )**

<input type="checkbox"/>	House	<input type="checkbox"/>	Manufactured Dwelling	<input type="checkbox"/>	Mobile Home	<input type="checkbox"/>	Garage	<input type="checkbox"/>	Carport
--------------------------	-------	--------------------------	-----------------------	--------------------------	-------------	--------------------------	--------	--------------------------	---------

<input type="checkbox"/>	Addition	<input type="checkbox"/>	Apartment	<input type="checkbox"/>	Porch	<input type="checkbox"/>	Storage Shed	<input type="checkbox"/>	Hospital
--------------------------	----------	--------------------------	-----------	--------------------------	-------	--------------------------	--------------	--------------------------	----------

<input type="checkbox"/>	Covered or Enclosed Patio	<input type="checkbox"/>	Wall	<input type="checkbox"/>	College	<input type="checkbox"/>	Church
--------------------------	---------------------------	--------------------------	------	--------------------------	---------	--------------------------	--------

<input type="checkbox"/>	School	<input type="checkbox"/>	Signs	<input type="checkbox"/>	Swimming Pool	<input type="checkbox"/>	Fence	<input type="checkbox"/>	Parking Lot
--------------------------	--------	--------------------------	-------	--------------------------	---------------	--------------------------	-------	--------------------------	-------------

<input type="checkbox"/>	Office	<input type="checkbox"/>	Retail Store	<input type="checkbox"/>	Eating Place	<input type="checkbox"/>	Industrial Building	<input type="checkbox"/>	Club
--------------------------	--------	--------------------------	--------------	--------------------------	--------------	--------------------------	---------------------	--------------------------	------

<input type="checkbox"/>	Other _____
--------------------------	-------------

Owner \_\_\_\_\_ Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_

Construction Location \_\_\_\_\_

Size of Building (Length) \_\_\_\_\_ (Width) \_\_\_\_\_ (Height) \_\_\_\_\_

Total Square Feet \_\_\_\_\_ Market Value \_\_\_\_\_

Zoning District \_\_\_\_\_ To be used as \_\_\_\_\_

**\*\*A HIGHWAY occupancy permit is required from the Commonwealth of PA pursuant to the Act of 1945 before driveway access to a State Highway is permitted and before a Permit for Construction is approved.**

**Plot Plan Diagram: Draw your building, show your lot size and set back lines from the street and other properties.**

Date to begin construction \_\_\_\_\_

**DRAWING**

Date of completion \_\_\_\_\_

\_\_\_\_\_ Feet from street to front of building

\_\_\_\_\_ Feet and \_\_\_\_\_ Feet from side lot

Lines of the neighbor

\_\_\_\_\_ Feet from rear of building to rear of property line.

Septic System Permit Number \_\_\_\_\_ Township Sewer tap-in number \_\_\_\_\_

ZONING PERMIT FEE \$ \_\_\_\_\_

The undersigned states the above facts are true and correct. Date \_\_\_\_\_

\_\_\_\_\_, Signature of Owner.

<input type="checkbox"/>	Appeal to Zoning Hearing Board	<input type="checkbox"/>	Appeal to Township Supervisors
--------------------------	--------------------------------	--------------------------	--------------------------------

Approved for Construction Permit ( Date ) \_\_\_\_\_.