Ross Township

250 Anchorage Road, P.O. Box 276, Saylorsburg, PA 18353

570-992-4990 | rosstwp@rosstwpmcpa.gov | www.rosstwpmcpa.gov

APPLICATION FOR ZONING PERMIT

Please print legibly. Incomplete or illegible information may result in denial, delay, or rejection.

PROPERTY AND SITE INFORMATION

Property/Site Address: _____

Complete 911 street address or street and lot number

PIN: _____ Tax Account: _____

14-digit property identification number

Zoning District: _____ Adjacent Property Zoning District: _____

Land Use: ☐ Residential ☐ Commercial

LAND AND PROPERTY OWNER ☐ Applicant

Name: _____

Mailing Address: _____

Phone Number: _____ Email: _____

BUILDING AND STRUCTURE OWNER ☐ Same as land/property owner ☐ Applicant

Name: _____

Mailing Address: _____

Phone Number: _____ Email: _____

CONTRACTOR INFORMATION ☐ Applicant

Business Name: _____ Office Phone: _____

Business Mailing Address: _____

Contact Name: _____

Direct/Cell Number: _____ Email: _____

TYPE OF PROJECT

☐ New Structure ☐ Addition ☐ Alteration ☐ Pool ☐ Deck Replacement ☐ Sign

☐ Fence/Wall ☐ Use (New/Change)

Description of Project:

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PROJECT DETAILS

Estimated Cost of Project: $: _____ Fair market value includes materials and labor

Sewage: ☐ Public or community ☐ Private **Water Supply:** ☐ Public or community ☐ Private

Does this property contain wetlands?: _____

Is this property within a federally designated floodplain?: _____

Is this property within a planned community subject to association rules, regulations, or deed restrictions? _____

If yes, name of community: _____

For new structures, additions, signs, and decks:

Height: _____ Length: _____ Width: _____

Floor Area of New Construction (sq. ft.): _____ Includes basement, porch, deck, and attached garage

CERTIFICATION

I certify that I am the owner of record, or that I have been authorized by the owner of record to submit this application and that the work described has been authorized by the owner of record. I understand and assume responsibility for the establishment of official property lines for required setbacks before construction and agree to conform to all applicable local, state, and federal laws. I authorize the Zoning Official or representative to enter the work areas at any reasonable hour to enforce applicable codes. I certify that this information is true and correct to the best of my knowledge and belief.

This permit is issued only for the purpose applied for and the property may not be occupied for this purpose until a Certificate of Compliance has been granted. Any alteration or change of use requires an additional Zoning Permit.

Applicant Name: _____

Applicant Signature: _____ Date: _____

ADDITIONAL APPLICANT INFORMATION

Complete only if the applicant is not an owner, contractor, architect, or engineer named above.

Business Name: _____ Office Phone: _____

Applicant Mailing Address: _____

Direct/Cell Number: _____ Email: _____

REQUIRED DOCUMENTS

IMPORTANT: The application will not be accepted unless all required documents are submitted with it.

Site plan drawn to scale showing:

- Actual dimensions and shape of the lot
- All structures, wells, septic systems, and accessory structures
- Proposed structure location, height, and distance from property lines

OFFICE USE ONLY

Zoning Permit Fee:	**$100.00**
Amount Paid:	
Payment Method:	☐ Check ☐ Cash