


# HOPEWELL TOWNSHIP ZONING PERMIT APPLICATION

Application #: \_\_\_\_\_

Application is hereby made by \_\_\_\_\_ (Name of Owner or Owner's Agent) for a Hopewell Township Zoning Permit. The accompanying plans and the representation therein contained are made part of this application, in reliance upon which, as an inducement therefor, the Township of Hopewell is requested to issue a Zoning Permit.

PROPERTY OWNER DATA	Name:
	Address:
	Telephone: (Home): _____ (Work): _____

CURRENT PROPERTY DATA	Location (If different from above):		
	Existing Use:		
	Current Zoning: <input type="checkbox"/> RR-1 <input type="checkbox"/> RR-2 <input type="checkbox"/> Other:		
	Lot Width (ft.):	Frontage (ft.):	Area:

PROPOSED USE	<input type="checkbox"/> New Residential: No. of Families: _____ Size (sq. ft.): _____ <input type="checkbox"/> Detached Accessory Building: Size (sq. ft.): _____ <input type="checkbox"/> Other Accessory Structure (porch, deck, carport, etc.) Type: _____ <input type="checkbox"/> Alteration/Addition/Remodeling <input type="checkbox"/> Home Occupation: Type _____ <input type="checkbox"/> Commercial (type, not including home occupation): _____ Building size (sq. ft.): _____ <input type="checkbox"/> Other (explain): _____ Building size (sq. ft.): _____ <input type="checkbox"/> Sign (size sq. ft.): _____ <input type="checkbox"/> Temporary Living Space	
	Type of Sewage Disposal: _____ (Attach completed Site Evaluation from Perry County Health Dept. for new structures having private sewage disposal systems)	
	Front Setback (from center of road):	SKETCH  
	_____	
	Side Setbacks:	
	____ Side ____ Feet	
	____ Side ____ Feet	
	Rear Setback:	
	_____	

On a separate sheet, please attach a list of other supplemental requirements or conditions that will be met, or explain any points you feel need clarification.

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## Applicant (Owner or Owner's Agent) Certification

By initialing, the applicant has read, understands, and agrees to the following:

- \_\_\_\_\_ 1. The applicant may be required, in addition to the information requested on this form, to submit plans, drawn to scale, showing the actual dimensions and shape of the lot, exact sizes and locations of existing buildings on the lot, and the location and dimensions of the proposed buildings or alterations.
- \_\_\_\_\_ 2. Right of Revocation – It is understood and agreed by this applicant that any error, misstatement, misrepresentation of material fact, with or without intent, such as might and/or would cause a refusal of this application, or any material alteration in the accompanying plans made subsequent to the issuance of a Zoning Permit without the approval of the Zoning Inspector or Zoning Board of Appeals, shall constitute sufficient grounds for the revocation of such permit.
- \_\_\_\_\_ 3. The applicant agrees to allow the Zoning Inspector access to the property for on-site inspection(s).
- \_\_\_\_\_ 4. There may be deed restrictions on the property that differ from the Hopewell Township Zoning Resolution. Please check with your deed to make sure that any proposed project meets any restrictions that may be in effect.
- \_\_\_\_\_ 5. The Zoning Permit shall become void at the expiration of one (1) year after the date of issuance. Extensions of no more than six (6) months may be obtained from the Hopewell Township Board of Zoning Appeals.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

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*(For Official Use Only)*

Date Received: \_\_\_\_\_ Fee Paid: \_\_\_\_\_

Date of Action on Application: \_\_\_\_\_

Approved  Denied If application denied, reason for denial: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
**Denied applicants have the right to appeal the decision or request a variance in accordance with the Zoning Resolution of Hopewell Township**

\_\_\_\_\_  
Zoning Inspector Signature

\_\_\_\_\_  
Date