

ZONING PERMIT APPLICATION

COOLSPRING TOWNSHIP – MERCER COUNTY

\$25 Payable to: Coolspring Township

DATE: _____

PERMIT NO: _____

Owner: _____

Dimensions of Proposed Structure:

Site Address: _____

Square Footage of Building: _____

Width: _____ Length: _____

Phone: _____

Height: _____ Stories: _____

Builder: _____

Porches: _____

Zoning District: _____

Depth of Front Yard: _____

Lot Size: _____

*(Measured from center of road to proposed structure
Twp Road Minimum: 75' State Road Minimum: 100')*

Type of Sewage: _____

Depth of Rear Yard: _____

To Be Used As: _____

(Measured from rear property line to proposed structure)

Estimated Value: _____

Depth of Side Yard: _____

(Measured from side property line to proposed structure)

Fee Paid: _____

TO THE ZONING ADMINISTRATOR:

The undersigned hereby states that the facts set forth in this forgoing statement are true and correct.

Date: _____

Signature of Applicant: _____

ZONING PERMIT

Date: _____

This is to certify that _____

Has been granted Zoning Permit Number _____ to complete the work specified above.

This permit shall become void if work is not commenced within 90 days of the date on this permit or plans fail to meet specified dimensions listed. Projects must be completed within one (1) year of permit date.

Zoning Administrator

NOTICE OF BUILDING

DATE: _____ MUNICIPALITY: Coolspring Township, Mercer County

TAX PARCEL/MAP # _____ OWNER NAME: _____

SITE ADDRESS: _____ CITY _____, PA, ZIP _____

PHONE: _____ CELL: _____ EMAIL: _____

CONTRACTOR NAME: _____ PHONE: _____

PURPOSE OF NOTICE: New Construction Addition Alteration Demolition

TYPE OF BUILDING:

House -Single Family Garage Farm Building – Type _____

Duplex / Condo Shed Industrial – Type _____

Patio Porch Commercial – Type _____

Swimming Pool - In Ground Above Ground

Other – Type _____

Mobile Home Year _____ Width _____ Length _____

Mobile Home Make/Model _____ Serial Number _____

BUILDING SIZE: Total Square Footage _____
 Length _____ Width _____ Height _____ Number of Stories _____

BASEMENT: Full Partial Finished Unfinished Slab None Other

Description of proposed work: _____

CONTRACT OR ESTIMATED VALUE: \$ _____

STARTING DATE: _____ ESTIMATED COMPLETION DATE _____

I, the undersigned, do hereby certify that the above information is true and correct to the best of my knowledge.

 Applicant Signature

 Date

For Office Use Only:
 Date Township Office forwarded to Assessment Office _____