

NESCOPECK TOWNSHIP ZONING APPLICATION

Application # _____ Application Date _____ Zoning District _____ PIN# _____

Application for: New Structure _____ Alteration _____ Fence _____ Occupancy _____ Accessory Structure _____ Pool _____ Mobile Home _____

Applicant Name: _____ Phone # _____ Email _____

Address: _____

Owner Name: _____ Phone # _____

Address: _____

Specific work to be done: _____

Cost: \$ _____ (Attach estimate/Quote).

Contractor Name: _____ Phone # _____

Address: _____ PA HIC Registration # _____

Lot Size: _____ Lot Width: _____ (Feet) Lot Depth: _____ (Feet)

Proposed structure size: Width _____ Ft Depth _____ Ft Height _____ Ft Area _____ sq/ft

Water Supply: On-Lot _____ Municipal _____ Sewer: On-Lot _____ Municipal _____

OFFICE USE ONLY

Zoning Fee: \$ _____

UCC Fee \$ _____

Occ. Fee \$ _____

Admin. Fee \$ _____

TOTAL FEE: \$ _____

I hereby swear that the information that I have provided in this application is correct and that the work described will be completed as specified in this application. I agree and acknowledge that any deviation from this information may result in the stoppage of work by the Township and possible action taken against me. I further agree to follow all the rules and ordinances of Nescopeck Township in so much as they relate to the steps necessary to satisfy this permit.

Please note: Permits for residential use do not automatically include the use as a home occupation, boarding or rooming house or any other business activity unless specifically authorized.

Owner Signature: _____ Date: _____

Contractor Signature: _____ Date: _____

Approval

This zoning application is approved as completed by the applicant, agent or owner.

Zoning Officer: _____ Date: _____

Denied

This zoning application is denied for the following reason(s):

Zoning Officer: _____ Date: _____

Any decision by the zoning officer may be appealed within thirty (30) days hereof to the Zoning Hearing Board.

The zoning officer can provide further information.

ZONING SETBACKS

Nescopeck Township strongly recommends that the applicant verify the accuracy of the of the correct location of this structure in regards to the zoning setback requirements applicable to this lot. Accuracy of building setbacks is the sole responsibility of the applicant and the applicant accepts all risks associated with any inaccurate information contained in the review process provided by the applicant.

Directions: Draw map of property including all existing and proposed structures. Indicate north by arrow.
Include: Property dimensions, distances from all structures to all property lines, street names, distance to existing structures, any easements and right of ways.

I will have the structure built and located in accordance with the dimensions indicated above.

Signature of Applicant

DATE

Signatures of the Deed Owner is required:

Please Sign:
