

Borough of Delaware Water Gap

49 Main Street, PO Box 218
Delaware Water Gap PA 18327
570-476-0331 • 570-476-0380

APPLICATION FOR ZONING PERMIT

1. Applicants Name: _____
Mailing Address: _____
Phone Number: _____
Email Address: _____
2. Property Owner's Name: _____
Mailing Address: _____
Phone Number: _____
3. Relationship between applicant and owner (if not the same): _____
(Applicant is purchaser under agreement of sale* or tenant* or agent of owner*, etc....)
4. PIN Number: _____
5. Attach Copy of Deed.
6. Street Address of Property: _____
7. Zoning classification of property: _____ of adjoining property _____
8. Percentage of land presently covered or to be covered by impervious surfaces: _____
9. Construction is: NEW CONSTRUCTION ALTERATION ADDITION TO EXISTING BLDG.
 OTHER
10. Type of Construction Material: _____
11. Method of Construction Debris Disposal:

Waste Hauler and Contact Number: _____
12. Estimated Start Date _____ Estimated Date of Completion _____
13. Proposed Use of Building of Land: _____

14. Estimated Cost of Construction or Alteration: \$ _____
15. Attach site layout drawn to scale indicating the following:
 - A. Actual Dimensions and Shape of Lot
 - B. Location dimensions and height of proposed building, structures, etc. and any existing building in relation to property and street lines. Also include; well and septic.
16. Does This Property Contain Flood Plain? _____
17. Does This Property Contain Wetlands? _____
18. Does this property contain protected environmental resources such as steep slopes, forested areas, or bodies of water? _____ If so, list: _____
19. Is property subject to deed restrictions/easements or HOA restrictions? _____

If so, list: _____

20. Has a road encroachment permit been obtained? _____

21. If a business, will any hazardous chemicals be used to conduct the business? _____

If yes, list: _____

22. Sewage Permit Number: _____

There is a thirty (30) day appeal period for issuance of a permit. If you commence construction during this thirty (30) day period, it is at your own risk.

This permit is issued only for the purpose applied for on page one, and may not be occupied for this purpose until an Occupancy Permit has been granted. Any alteration or change would require additional Zoning Permits.

Applicant hereby authorizes members of Township Boards, staff and representatives to enter the lands proposed for site inspections, if necessary.

Applicant hereby certifies the foregoing statements and data to be true and complete and if approved, agrees to abide by all rules and regulations contained in the Township Zoning Ordinance.

Signature of Applicant: _____

Date: _____

(All Items in This Section to Be Completed By Township)

Permit Fees: \$ _____

Check No. _____ Cash _____

Date Of Action: _____

Permit No. _____

CERTIFICATE OF COMPLIANCE REQUIRED _____

SPECIAL CONDITIONS

ZONING ENFORCEMENT OFFICER