

FAXed to Assessor:

FAXed to Bureau Veritas:

Zoning Use
PERMIT NUMBER:

ZONING USE APPLICATION/PERMIT
EATON TOWNSHIP - MONROE TOWNSHIP
WYOMING COUNTY , PENNSYLVANIA

DATE _____ PROJECT NAME _____

I (We) hereby represent that the information provided herein and on the plans and documents submitted herewith is true and correct and request that a zoning use permit be issued in reliance thereon, agree to comply with the Eaton-Monroe Zoning Ordinance, as amended

APPLICANT INFORMATION

NAME _____ SIGNATURE _____
ADDRESS (STREET, P O BOX) _____ TELEPHONE _____
(CITY) _____ (STATE) _____ (ZIP) _____
INTEREST IN PROPERTY () Owner, () Tenant, () Agreement of Sale, () Other _____

PROPERTY OWNER INFORMATION (if different than applicant)

NAME _____ SIGNATURE _____
ADDRESS (STREET, P O BOX) _____ TELEPHONE _____
(CITY) _____ (STATE) _____ (ZIP) _____

PROPERTY INFORMATION

PROPOSED USE _____
EXISTING USE _____ LOT SIZE _____ (acres or sq. ft.)
LOCATION _____ TAX MAP # _____
(route number, road name, village etc.)

PERFORMANCE STANDARDS

Attach a narrative which addresses the applicable performance standards in the Zoning Ordinance.

SITE PLAN

Attach a site plan drawn to scale showing property lines, existing/proposed buildings, parking, access drives, water supply, sewer disposal, and any additional information required to document compliance with the Zoning Ordinance. Any proposal involving the construction of a commercial structure is considered a "land development" and is also subject to the Subdivision and Land Development Ordinance.

ZONING OFFICER USE ONLY

ZONING DISTRICT: () R-E () RA-E () VC-E () CI-E () SR-E () R-M () VC-M
USE CLASSIFICATION () Principal Permitted Use () Accessory Use
APPLICATION ZONING ORDINANCE SECTION (S): _____

() USE PERMIT APPROVED

The use complies with the applicable district, area, bulk, density and performance standards of the zoning ordinance.

() USE PERMIT DENIED

- () The proposed use is not permitted in the zoning district where proposed.
- () The proposed use does not comply with the applicable area, bulk, density and performance standards of the zoning Ordinance. **The following deficiencies have been identified (cite specific zoning ordinance sections):**

Zoning Officer Signature

Date

ACCOUNTING INFORMATION

FEE\$ _____ CHECK NAME _____ CHECK NO. _____

DATE APPLICATION RECEIVED AND FEE PAID _____ RECEIVED BY _____

PARCEL ID # _____