

ZONING PERMIT APPLICATION

DERRY TOWNSHIP, MIFFLIN COUNTY

73 RESERVE LANE, LEWISTOWN, PA 17044

(717) 248-8151 OFFICE (717) 248-0063 FAX

PLEASE SUBMIT TO CHRIS DOBSON, ZONING OFFICER

zoning@derrytpw.info

COMMERCIAL/INDUSTRIAL PERMIT

OWNER(S) NAME	DATE OF APPLICATION		
	MONTH	DAY	YEAR
BUSINESS NAME, IF APPLICABLE:			
MAILING ADDRESS:			
STREET ADDRESS 1		STREET ADDRESS 2	
CITY	STATE	ZIP CODE	
PHONE NUMBER	EMAIL ADDRESS:		
PLEASE PROVIDE CONTACT INFO BELOW IF YOU ARE SUBMITTING ON BEHALF OF OWNER(S):			
NAME/ORGANIZATION			
STREET ADDRESS			
CITY	STATE	ZIP CODE	
PHONE NUMBER	EMAIL ADDRESS:		
Property Information:			
CURRENT LANDOWNER (if different from above):			
Location Address			
Street Address		Street Address Line 2	
City	State	Postal / Zip Code	
Parcel/Tax Map Number:		Zoning District:	
<input type="text"/>		<input type="text"/>	

Commercial/Industrial Construction

Please check only one: Commercial Industrial

TYPE OF CONSTRUCTION:

Please Check One: New Existing

IF REQUIRED, SUBDIVISION/LAND DEVELOPMENT PLAN MUST BE APPROVED PRIOR TO ISSUANCE OF ZONING PERMIT

IF REQUIRED, STORMWATER PLANS MUST BE APPROVED PRIOR TO ISSUANCE OF ZONING PERMIT

DESCRIPTION OF PROJECT:

Commercial/Industrial Fee

Please fill in the dimensions of the proposed construction below:

STRUCTURE HEIGHT (Proposed height as measured from average grade to peak of roof:

feet

Please enter the following dimensions to determine the square footage of your new construction.
Remember to include the sq. footage of all portions of the construction project.

A. WIDTH	X	B. LENGTH	=	C. TOTAL SQ. FT.
<input type="text"/>		<input type="text"/>		<input type="text"/>
<i>feet</i>		<i>feet</i>		<i>= (A X B)</i>

D. BASIC PERMIT FEE	+	E. .10 PER SQ. FT. FEE	=	F. TOTAL PERMIT FEE
<input type="text"/>		<input type="text"/>		<input type="text"/>
\$50.00		<i>= (C X .10)</i>		<i>= (D + E)</i>

LOT AREA:

ESTIMATED PROJECT COST:

IS THERE AN ABUTTING DRIVEWAY TO TOWNSHIP STREET? _____
OR WILL THERE BE A DRIVEWAY CONSTRUCTED? _____

PROJECT START DATE:

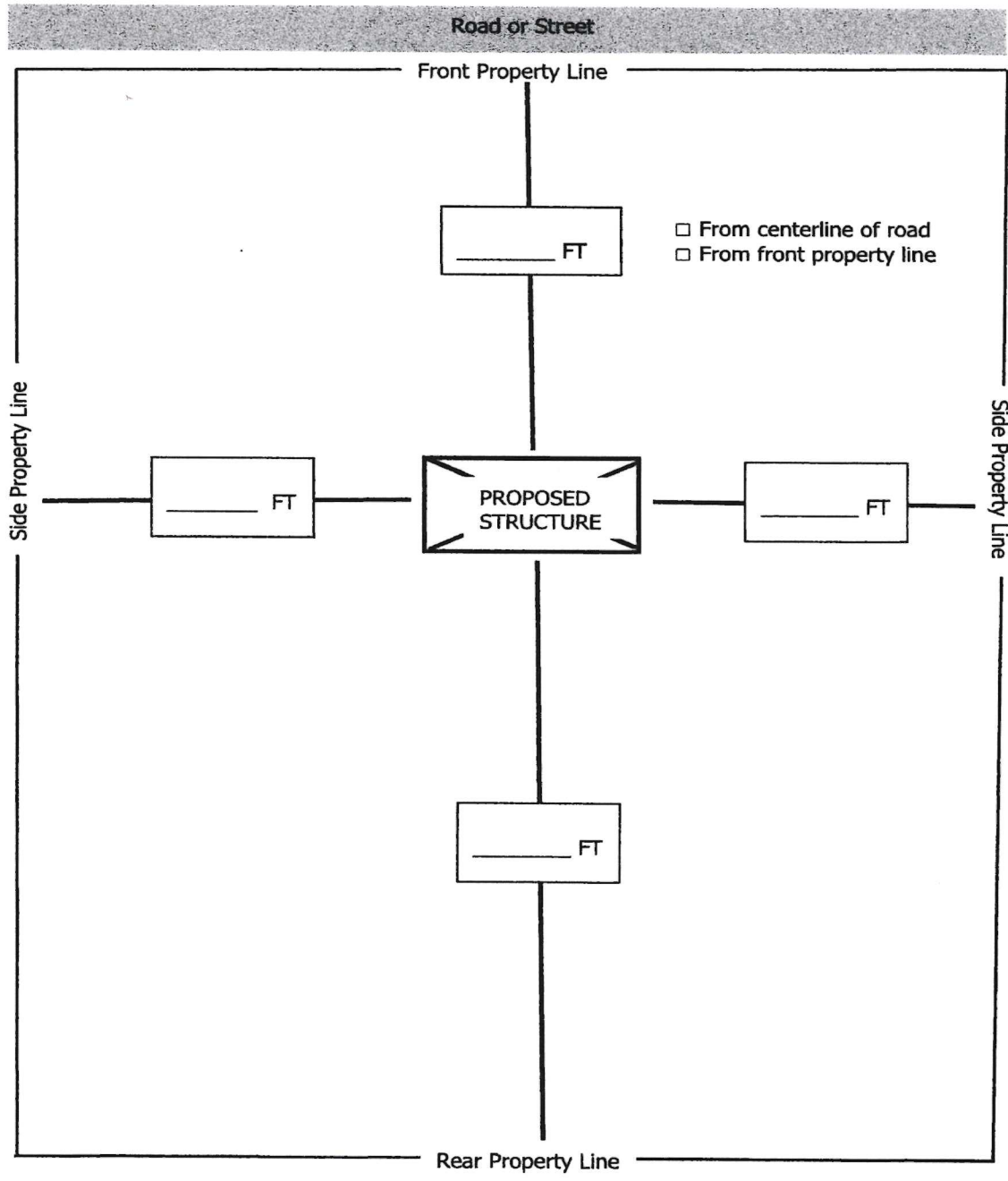
PROJECT COMPLETION DATE:

SETBACK INFORMATION

SETBACKS (Proposed setbacks as viewed from the street/road). Please provide setbacks on the attached sketch or attach a plat, survey or aerial photograph showing the placement of any proposed structure(s) and include the setbacks.

SKETCH PLAN A SKETCH PLAN IS REQUIRED TO BE SUBMITTED WITH ALL PERMIT APPLICATIONS.

SKETCH



Application for zoning approval must be made by the Landowner or with his/her permission. If the Applicant is different than the Landowner, then one of the following must accompany the application (1) Letter of permission from the Landowner, or (2) Copy of a signed contract or agreement for the work to be done OR (3) Copy of the contract to purchase the property, if applicable.

A Zoning Permit is required for the construction or placement of any structure. A Building Permit may also be required. Please contact the Bureau Veritas office (717-242-0992) for UCC Building Permit requirements.

The information provided, concerning the land use and zoning setbacks, is true to the best of my knowledge. I realize, as owner/applicant, that I am responsible for identifying the property lines for determination of setback compliance. I also realize if the setback requirements of the Derry Township Zoning Ordinance are not met, then I will be in violation of the Derry Township Code

SUBMISSION DATE:

_____/_____/_____
 Month Day Year

SIGNATURE:

 OWNER/REPRESENTATIVE

 PRINT NAME

 CO-OWNER REPRESENTATIVE

 PRINT NAME

FOR TOWNSHIP USE ONLY:

ISSUE DATE OF ZONING PERMIT: _____

FEE PAID: _____ DATE PAID: _____

APPROVAL/SIGNATURE OF ZONING OFFICER:

OTHER PERMITS REQUIRED:

- DEP PERMITS (IF REQUIRED) _____
- BUILDING PERMIT _____
- SEWER PERMIT (PUBLIC) _____
- SEWER PERMIT (ON LOT) _____
- WATER CONNECTION PERMIT _____
- DRIVEWAY PERMIT _____
- NPDES PERMIT _____

DERRY TOWNSHIP MUNICIPAL APPROVAL FORM

Parcel # _____ Subdivision _____ Lot # _____

Location of Construction: _____

Property Owner: _____ Phone: _____

Owner Mailing Address: _____

Contractor: _____ Phone: _____

Contractor Mailing Address: _____

RESIDENTIAL:

- New Single or 2 Family Dwelling Accessory Structure Addition
 Manufactured Home Manufactured Home Replacement Deck, Porch, Pool, Solar Panels

COMMERCIAL:

- New Commercial Building Commercial Addition Alterations/Change of Use
 3+ Family Dwelling Temporary Job Trailer Commercial Deck, Porch, Pool, Solar Panels

Description of Work: _____ Size _____

Construction Cost: _____

Attached Plot Plan?

Yes No

Certificate of Insurance Attached?

Yes No

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized to make this application as his authorized agent and we agree to conform to all applicable laws of this jurisdiction.

Print: _____

Signature: _____ Date: _____

APPLICANT MUST HAVE TOWNSHIP, BOROUGH OR CITY COMPLETE THE FOLLOWING:

Site Located Within Flood Plain Zoning Required Zoning Permit Issued Zoning Type
 Yes No Yes No Yes No _____

Sewage Required Sewage Type Water Tap Required Water Supply Type
 Yes No On-Lot Public Yes No On-Lot Public

Driveway Permit Required Stormwater Management Required Storm Water Management Approved
 Yes No Yes No Yes No

Land Development Application Required Land Development Application Approved
 Yes No Yes No

I hereby certify that this application is in compliance with all relevant ordinances of Township/Borough and therefore eligible for issuance of the building permit.

Print Officer/Secretary: _____

Signature Officer/Secretary: _____ Date: _____