

TOWNSHIP OF WEST DONEGAL

One Municipal Drive
Elizabethtown PA 17022
Phone (717) 367-7178

ZONING PERMIT

Zoning Permit No. _____

Sewer Permit No. _____

Construction Code Permit Required _____ Yes _____ No

Type of Permit

- New Construction* Addition/Alternation* Shed Deck (* Heights 30" & Over)
 Sign Driveway Swimming Pool* Other _____

* Indicates a UCC Construction Permit is needed in addition to the Zoning Permit. Note that ALL Commercial projects require both permits.

Project Information

Project Address: _____

City: _____ State: _____ Zip Code: _____

Zoning District: _____ Tax Parcel No. _____

Estimated Project Cost: \$ _____

* Include copy of any project proposals/quotes

Current Use of Property: _____ Proposed Use of Property: _____

Property Owner Information

Full Name of Property Owner (s) _____

Address of Property Owner _____

City _____ State _____ Zip Code _____ Phone No. _____

Contractor Information

Commonwealth of PA Registration Number _____

Contractor Name _____

Contractor Address _____

City _____ State _____ Zip Code _____ Phone No. _____

Lot Information

Total Sq. Ft. _____ Total Building Coverage _____ Sq. Ft.

Total Impervious Coverage _____ Sq. Ft. Sidewalks: Yes _____ No _____

Are there any easements and/or rights-of-ways? Yes _____ No _____

If yes, please describe them _____

Building Information

New Building Width: _____ Depth: _____ Height: _____ Number of Stories: _____

Total Living Area: _____ Sq. Ft. Type of Construction: _____ Off Street Parking Spaces: _____

Setback Information Note: setbacks are measured from center of road

Proposed - Front: _____ Rear: _____ Side: _____ Side: _____

Required - Front: _____ Rear: _____ Side: _____ Side: _____

* Corner lots have 2 front yds and 2 side yds, no rear yd, for the purposes of establishing setbacks

Garage: _____ None: _____ Attached: _____ *Unattached: _____

* Subject to accessory building regulations and setbacks

Type of Sign:

- Billboard
- Wall Sign
- Overhead Sign
- Roof
- Ground
- Other _____

Dimensions: Area of Sign _____ sq ft. (per side) Height _____ ft.

Setbacks: From centerline of street _____ ft., from edge of roadway _____ ft.

Description: _____

*Attach a drawing indicating the wording on the sign, the proposed location, a description of the type, construction, and the manner and method of installation. If the applicant is other than the owner or lessee of the building, a written authorization from them is required.

I acknowledge that the holder of a zoning permit is responsible to ensure compliance with all applicable Township Ordinances during and at completion of the work authorized by the permit. **I acknowledge that the Township requires that a final inspection be performed by the Zoning Officer and that the Zoning Officer issue a certificate of use and occupancy before the structure which is authorized by this permit may be occupied.**

It is my responsibility to ensure that this inspection is scheduled and the certificate of use and occupancy obtained before the structure may be occupied. I acknowledge that if I occupy or permit the occupancy of this structure prior to the issuance of a certificate of use and occupancy, I will have committed a violation of the Zoning Ordinance and will be subject to the penalties and remedies in the Zoning Ordinance. I also acknowledge that, if the structure is occupied prior to the final inspection, work may have to be removed and re-executed in order that it may be adequately inspected. If the Township is required to perform an inspection after the structure is occupied, intending to be legally bound hereby, I agree to pay the fee established by the Township for delinquent inspections.

Nothing contained in this application shall be construed to relieve or limit the obligations of applicant to comply with all provisions of the Zoning Ordinance or to waive violations of the Zoning Ordinance or any other Township ordinances or to stop the Township from enforcing Township ordinances, including but not limited to the Zoning Ordinance.

By signing this application, I certify that all facts in the application and all accompanying documentation are true and correct. This application is being made by me to induce official action on the part of West Donegal Township, and I understand that any false statements made herein are subject to the penalties of 18 Pa. C.S. §4904 relating to unsworn falsification to authorities.

I hereby acknowledge that the above mentioned project will be completed and the property will be used as described in the information on this application and any attached plot plans.

Signature Owner () Authorized Agent () Date

This section to be completed by the Township

Date Received: ___/___/___ Date Issued: ___/___/___ Date Denied: ___/___/___

Reason for Refusal (if denied): _____

Signature of Zoning Official: _____ Date: _____

Permit Cost	\$ _____	Park Fees-in-Lieu of	\$ _____
Storm Water	\$ _____	TOTAL COST	\$ _____
Driveway	\$ _____		
Sidewalk Insp.	\$ _____	Offsite Road Improvements	\$ _____
UCC	\$ _____	TOTAL COST	\$ _____
TOTAL COST	\$ _____		