

**WEST PENN TOWNSHIP**  
 27 MUNICIPAL ROAD  
 NEW RINGGOLD, PA 17960  
 Office 570 386-4507 Fax 570 386-5851  
 Sewerage Enforcement Officer (SEO)  
 570 384-3408

DATE APPLICATION  
 RECEIVED \_\_\_\_\_

# ZONING PERMIT APPLICATION

OUTDOOR HEATING APPLIANCE  
 SIGN PERMIT APPLICATION  
 ROAD OCCUPANCY  
 DEMOLITION  
 EXCAVATION, GRADING, FILLING  
 DRIVEWAY PAVING/REPAVING  
 OTHER \_\_\_\_\_

Application is hereby made for a permit as checked above, which shall be in conformance with the requirements of the specific permit request applicable ordinance. Required information per the specific ordinance shall be attached to the permit application as required. The required information, together with all diagrams, drawing/sketches, etc is made part of this application by the undersigned. It is understood and agreed by this applicant that any error, misstatement or misrepresentation of material fact, wither with or without intention on the part of the applicant, such as might or would operate to cause a refusal of this application, or any change in the location, size or use of structure or land made subsequent to the issuance of this permit without the approval of the Township's Zoning Officer, shall constitute sufficient ground for revocation of any permit approved and issued due to this application. By signing this application, the applicant is granting permission to township zoning / code enforcement officer to enter upon applicants property to check work, required setbacks and conformance to the specific ordinance referenced.

**NOTE: INCOMPLETE APPLICATION SHALL BE REJECTED AND RETURNED TO APPLICANT.**

**A1 APPLICANT NAME - Print (Applicant must be record owner and/or equitable owner of property)**  
 \_\_\_\_\_  
 PHONE NUMBER (Include Area Code) Home ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  
 Work ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ ext \_\_\_\_\_ Cell ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  
 MAILING ADDRESS: (# & street) \_\_\_\_\_  
 (Town, State, Zip Code) \_\_\_\_\_  
 LOCATION/ADDRESS OF PROPERTY (# & street) \_\_\_\_\_  
 (Town, State, Zip Code) \_\_\_\_\_

**B2 SKETCH / DRAWING** Applicant must provide sketch/drawing that provides the following:  
 All Lot Lines and Dimensions. All Roads bounding and/or within thirty (30) feet of property line(s). Distance to all Existing Structure(s) and Neighboring Structures from permit applied for. Distances from Proposed work to Lot Lines. Distances from Proposed work to any and all Waterways, Streams, Rivers or Bodies of Water, location of Sewerage Facilities (primary & secondary), and any other information necessary to assure Zoning Officer your proposal conforms to applicable ordinances and regulations.

**C3 DESCRIBE PROPOSED OR CONSTRUCTION OR LAND WORK.**  
 Value of Construction: \$ \_\_\_\_\_,00  
 Specify Type (i.e.; dwelling, pool, addition), Number of Bedrooms, & Materials (i.e.; block, wood, vinyl)  
 Type: \_\_\_\_\_  
 # of Bedrooms (if applicable): \_\_\_ existing \_\_\_ proposed \_\_\_ total (\*\* see NOTE by SEWERAGE PERMIT)  
 Materials: \_\_\_\_\_  
 Building Height: \_\_\_\_\_ ft Dimensions \_\_\_\_\_ x \_\_\_\_\_ Square Feet \_\_\_\_\_ # of Stories \_\_\_\_\_  
 Proposed Building Setback from: Road Right-of Way (front yard) \_\_\_\_\_ FT  
 Side Yard (each) \_\_\_\_\_ / \_\_\_\_\_ FT Rear Yard \_\_\_\_\_ FT  
 Describe Land Use: \_\_\_\_\_

**D4 TAX IDENTIFICATION (UPI) NUMBER (Found on School Tax Bill) 37 - \_\_\_\_\_ - \_\_\_\_\_ ( \_\_\_\_\_ )**  
**DEED BOOK VOLUME NUMBER (Found on Deed) \_\_\_\_\_ PAGE NUMBER \_\_\_\_\_**

E5 **SEWERAGE PERMIT #** \_\_\_\_\_ \*\* NOTE: Copy of Sewerage Permit to accompany Application if application is for a new residence, business, or an addition that expands: (1) residence to 4 or more bedrooms, or (2) business. Applicant **MUST** supply Township's Sewerage Enforcement Officer's written verification with this Application, or this Application will be considered incomplete.

F6 **IF PROPERTY IS PART OF A SUBDIVISION:** Subdivision Name \_\_\_\_\_  
 Lot Number \_\_\_\_\_ Lot Size: \_\_\_\_\_ Length \_\_\_\_\_ ft Width \_\_\_\_\_ ft

G7 **IS CONSTRUCTION / LAND USE LOCATED WITHIN A FLOODWAY OR FLOODPLAIN?**  
 \_\_\_\_\_ NO \_\_\_\_\_ YES\* \*If YES complete the following:  
 1) Provide F.E. M. A. Map Panel Number \_\_\_\_\_  
 2) If Floodway/Floodplain limits not established per F.E.M.A., indicate whether limits have been established via: a) \_\_ PA D.E.P's '50 feet from top of stream bank rule' or b) \_\_ Engineer Study (HEC-RAS analysis)  
 3) Provide information necessary to assure Zoning Officer that proposed construction/land use conforms to Township, County, Commonwealth, and Federal Floodplain Ordinances, and/or any other rules or regulations regarding Floodway/Floodplain issues.  
 4) Provide Engineer/Architect's Certification: I hereby certify that proposed activity is adequately designed to protect against flood damage and that development plans for site are in compliance with any and all rules and regulations concerning construction within identified flood-prone area.  
 SEAL: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
 Signature: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

H8 If the subject property was ever granted any type of variance, special exception, and/or any form of relief from the regulations contained in the Zoning Ordinance by the Zoning Hearing Board and/or if the subject property was ever subject to any restrictions by deed, recorded plan, action of the Zoning Hearing Board and/or any other means, the applicant must divulge said information with this application. Please be specific as to the date of any Zoning Hearings, etc. The applicant must also attach a photocopy of any deed, recorded plan, agreement, will, covenant, and/or Zoning Hearing Board decision which contains said restriction, variances, and/or special exceptions which affect subject property. If, to the best of the applicant's knowledge and belief, there are no such variances, special exceptions, and/or other restrictions, which would affect the use of the subject property for the activity for which a Zoning Permit is being applied with this application, please indicate your opinion by signing

**VERIFICATION**

I, \_\_\_\_\_ (Print Name) hereby verify that the information contained within this application, including all statements, representations, and other entries, is true and correct to the best of my knowledge, information, and belief. This verification is made subject to the penalties of 18PA, C, S, 4904, relating to unsown falsification to authorities, and 4911, relating to tampering with official records.

\_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
 APPLICANT SIGNATURE

J9 Pursuant to PA Act 38 (amending Acts 287 & 172), notification to the "one Call System" is required at least three working days prior to disturbing earth with any type of powered equipment. Call toll free 1.800.242.776. Please note that it is the responsibility of the applicant to make this notification.

**ZONING PERMIT FEE \$** \_\_\_\_\_ (approved or denied).  
 Fee to accompany completed Permit Application.  
 (Check or Money Order to be made payable to **West Penn Township**)

Submit completed Application (which includes process fee) to:  
**WEST PENN TOWNSHIP, 27 MUNICIPAL ROAD, NEW RINGGOLD, PA 17960**

K10 **OFFICE USE ONLY** FEE \$ \_\_\_\_\_ DATE PAID \_\_\_\_/\_\_\_\_/\_\_\_\_ CHECK # \_\_\_\_\_  
 \_\_\_\_/\_\_\_\_/\_\_\_\_ ZONING PERMIT \_\_\_\_ DENIED \_\_\_\_ APPROVED # \_\_\_\_\_ . \_\_\_\_\_ . Z

REASON FOR DENIAL: \_\_\_\_\_  
 \_\_\_\_\_

ZONING OFFICER SIGNATURE: \_\_\_\_\_