

APPLICATION FOR ZONING PERMIT - Residential

Millcreek Township

Township Index # _____ County Tax Index # (33) _____ Permit # _____

WE, the undersigned, owners or their representative, of the following described property, do hereby apply to you for a Certificate of Zoning and for such use, based on the information hereinafter set out. This application is made subject to the penalties of 18 Pa. C.S.A. §4904 relating to unsworn falsification to authorities.

Address of Property for which application made: _____ Zip _____

Owner of Property _____ Ph. # _____

Address of Property Owner (if different) _____ Zip _____

Zoning Permit Applicant's Name (if different) _____ Ph.# _____

Zoning Permit Applicant's Address (if different) _____ Zip _____

Zoning District _____ Subdivision/Development: _____ Lot # _____

Lot Size: Road Frontage _____ Depth _____ Area _____

Improvement: (check one)

_____ Single Family _____ Addition (i.e. family room, enclosed porch, 2nd floor, etc.)

_____ Accessory Building (i.e. garage, shed) _____ Deck

_____ Interior Remodeling _____ 2-Family _____ Multi-Family _____ Other

Describe Construction (i.e. 16'x16' addition to dwelling) _____

_____ Stories Dwelling units Presently on Lot: _____ Dwelling units on Completion: _____

Proposed off Street Parking _____ Required off Street Parking on Completion _____

Setbacks: Front Yard _____ Required _____ Height (grade to highest point)

Rear Yard _____ Required _____ Total Sq.Ft. of lot coverage _____

Side Yard _____ Required _____ % of lot coverage _____

Sq.Ft. of new building floor space _____

Estimated Construction Cost: \$ _____

Permit Fee: \$ _____

Date Permit Issued: _____

PERMIT #

INDEX#

Residential

Contractor/Builder Name: _____ Work's Comp. Insurance? _____

Contractor/Builder Address: _____ Ph.# _____

If lot is in an approved Subdivision/Development, will approved grading plan be preserved?: _____

If the lot is not within a development for which a grading plan has been approved, or the applicant is proposing a revision to a previously approved grading plan: Has a grading plan been submitted by applicant: _____

Has the grading plan been approved by Engineering?: _____ Date Approved: _____ Fee paid? _____

Is an access to State Highway or Township street requested?: _____

Submitted: Highway Occupancy Permit _____ Township Street Access Permit _____

Sidewalks are required to be constructed? _____ (Yes or No) Availability of Public Water (If Appl.) _____

Sewer connection permit _____ (If Appl.) Septic Permit No. _____ (If Appl.) Sewer Auth. _____

Flood Plain Designation: _____ Lowest Floor El. If Appl. _____ Bluff Recession Setback (Appl.)? _____

Was a Zoning Hearing Board decision needed for this permit? YES/NO Approved _____ Appeal# _____

If the proposed building or structure is within 50 feet from the top of a stream bank and/or located within a wetland area, I will contact the Pennsylvania DEP and obtain permission to build prior to starting construction

I hereby agree that all applicable provisions of the Millcreek Township Codes shall be complied with.

Applicant's Signature: _____

Date: _____

-----OFFICE SPACE ONLY-----

Date of Approval or Denial _____ Reason: _____

Date of Expiration: **Six (6) months from date of issuance**

Zoning Officer Signature: _____

MILLCREEK TOWNSHIP ZONING PERMIT

Index No. _____ Address _____

ZONING PERMIT SITE PLAN

PERMIT # _____
INDEX # _____

Zoning Permit # _____ Date _____

Zoning Administrator Authorization _____

**ZONING PERMIT IS NOT VALID UNLESS SITE PLAN IS AUTHORIZED BY
BCO/INSPECTOR BELOW.**

BCO/Inspector Site Plan Verification _____ Date _____
(Inspector)

Comments _____

Revised Site Plan Authorized (If Applicable) _____
(Inspector)

Date _____ Time _____

AFFIDAVIT OF PROPERTY OWNER
IN SUPPORT OF APPLICATION FOR ZONING PERMIT

The undersigned, being duly sworn according to law, deposes and says as follows in support of the foregoing application to Millcreek Township for a zoning permit:

1. The undersigned has been advised that Act No. 44 of 1993 of the Commonwealth of Pennsylvania requires that all contractors making application for a Zoning Permit supply their taxpayer identification numbers and proof that they maintain appropriate Worker's Compensation Insurance covering their employees.
2. The undersigned has filed with the Township of Millcreek an application for a Zoning Permit, which permit is to be attached hereto.
3. The undersigned has represented to the Township of Millcreek that the undersigned shall be responsible for construction of the proposed improvement and that this application is not made by the undersigned for the purpose of avoiding statutory requirements imposed upon contractors.
4. The undersigned understands that a non-contractor property owner is not obligated under Act No. 44 of 1993 to provide proof of Worker's Compensation insurance in support of the permit application
5. The undersigned has been advised that, should he/she/it/they retain a contractor to construct the proposed improvement, the undersigned may become liable for damages should an individual contractor or employee of a contractor or of the undersigned be injured in connection with the project and appropriate Worker's Compensation insurance not be in force.
6. The facts set forth in this Affidavit are true and correct to the best of the undersigned's knowledge, information and belief, and this Affidavit shall be and remain a part of the undersigned's application for permit.
7. It is understood and agreed by Applicant that this Affidavit shall be a part of the Application and that the action of the Township of Millcreek shall be in reliance upon the truth of the averments set forth above.

Applicant

Applicant

Date: _____