

Springfield Township
Application for Zoning Approval

PERMIT # _____
FEE: \$25.00

Richard Grossman – Zoning Officer – 724-406-0168

ZONING APPROVAL IS REQUIRED BEFORE A BUILDING PERMIT CAN BE OBTAINED.

I. Property Owner Information:

- A. Property Owner's Name: _____
- B. Property Address where work is performed: _____

- C. Owner's Address: _____
- D. Owner's Phone: _____ email: _____
- E. Best time to call: _____
- F. Zoning District: _____
- F. Tax Map & Parcel Number: _____

II. Applicant Information: *(Complete only if different than information above)*

- A. Name: _____
- B. Address: _____
- C. Phone: _____ email: _____
- D. Applicant's Interest (owner, contractor, tenant, etc.): _____

III. Type of Proposed Construction:

- A. Build a Home Number of Bedrooms: _____
- B. Establish a Business
- C. Construct a Non-Residential Building
- D. Construct an Accessory Building
- E. Alter A Building
- F. Mobile Home
- Serial#: _____ Model/ Year: _____
- G. Construct an Addition
- H. H. Other

Description of What is being Built _____

| | | |
|-----------------------|----------------------------|-------------------------------|
| Estimated Start Date: | Estimated Completion Date: | Estimated Construction Costs: |
| | | |

IV. Lot & Building Information – Please estimate these distances to the new structure:

A. Lot: * See notes below.*****

| | | |
|--------------------|--|--|
| Road Frontage: | Setback from Road Right of Way: | Side Yard Setback: Side Yard Setback: |
| Rear Yard Setback: | Lot size: Distance from the existing structure: | |

B. Proposed Structure:

| | | |
|-----------------|-----------------|--------|
| Height: | Length: | Width: |
| No. of Stories: | Type of Siding: | |

C. Existing Structures:

| | | |
|-----------------|---------|--------|
| Height: | Length: | Width: |
| No. of Stories: | | |

D. Type of Foundation:


- Full Basement
 Slab
 Crawlspace
 None
 Partial Basement Size: _____ (Length, Width height)
 Piers, Type: _____


E. Sewage Information:

Property is served by On lot sewage Public Sewage
 Sewage Permit Number: _____ Date of Issuance _____
 N/A, Explain: _____

F. Land Development Information:

- Land Development Approval Date: _____
 Plan Name: _____

 **Note:** all new construction other than single family homes on single lots must have land development approvals prior to issuance of the zoning permit.

 **Note:** plot plan must be attached showing the lot with any existing structures as well as the new structure. Distances to property lines must be shown as well. (If property lines are over 50 feet away, it can be so noted on the plan.) All dimensions of the structure and setbacks must be shown.

V. Contractor Information:

A. Contractor Name: _____

B. Contractor Address: _____

C. Contractor Phone: _____ e-mail: _____

Certificate of Worker’s Compensation Insurance Attached

Contractor is Exempt
 Worker’s Compensation Insurance Information Form for Exemption Must be Attached

Homeowner is Contractor - NO INSURANCE REQUIRED

Certification:

A. Under penalties of the Pennsylvania Crimes code for the falsification of information to authorities, I (we) certify that the information herein is true and correct.

 Name (PLEASE PRINT) _____
 Date

 Signature

For Township Use Only

| | | |
|---|-------------------|--|
| Floodplain <input type="checkbox"/> Yes <input type="checkbox"/> No | Date Fee Pd | Application Rec’d |
| | | PC Review Date |
| ZHB Review Date | Supv. Review Date | Issued <input type="checkbox"/> Denied <input type="checkbox"/> Date |
| | | Signature: |
| Comments: | | |

PLEASE MAKE PAYMENT AND RETURN APPLICATION TO:
 Phone: 724-748-4999
 Fax: 724-748-3859
 Email: office@springfield-mercerc.org

Springfield Township
 406 Old Ash Rd.
 Mercer, PA 16137