

Porter Township
 HC 12 Box 461
 Dingmans Ferry, PA 18328

APPLICATION FOR
ZONING PERMIT
ANSWER ALL QUESTIONS

File # _____
 Permit # _____
 Permit Fee \$ _____
 Tax Map # _____

I. LOCATION OF PROPERTY: Subdivision: _____ Lot: _____ Blk: _____ Stg: _____
DESCRIPTION: (House #, Street, Route, etc.) _____ Zoning District: _____

II. DESCRIPTION OF CONSTRUCTION:

A. TYPE IMPROVEMENT

- NEW BUILDING
- ADDITION
- REPLACEMENT

E. SLOPE AT BLDG. SITE

Will any earth disturbance occur on or near a slope greater than:

- 15% Yes No
- 25% Yes No

Attach erosion control plan as required by Article IV Section 405.13 of Zoning Ordinance.

F. FOUNDATION REQ.

- FOOTER DEPTH
- BELOW FROST LINE
 - ABOVE FROST LINE
(Detached accessory structure only)

FOUNDATION MATERIAL

- POURED CONCRETE
- BLOCK
- PRE-FAB PANELS
- OTHER _____

FOUNDATION TYPE

- PIERS
(SIZE: L _____" x W _____")
- FULL FOUNDATION
- CRAWL SPACE
- FLOATING SLAB
- OTHER _____

BILCO (Locate on plot plan)

- YES / NO

B. PROPOSED USE:

RESIDENTIAL

- ONE FAMILY
- TWO FAMILY
- MULTI FAMILY
- # OF UNITS _____
- RESIDENTIAL CONVERSION TO APARTMENTS
- GARDEN APARTMENTS
- TOWN HOUSE
- MEDIUM HIGH RISE APARTMENTS

ACCESSORY STRUCTURES

- GARAGE DECK
- SHED CARPORT
- OTHER: _____

NON-RESIDENTIAL

- HOTEL/MOTEL # OF UNITS _____
- RESORT FACILITY
- RESTAURANT
- GIFT SHOP
- RETAIL ESTABLISHMENT
- SERVICE ESTABLISHMENT
- AUTO SUPPLY, SALES, SERVICE
- PUBLIC FACILITY
- OFFICE / BANK
- OTHER _____

FURTHER EXPLANATION (If required) _____

C. COST ESTIMATE

\$ _____

D. CONSTRUCTION DATE

BEGIN: _____
 END: _____

- WHOLESALE BUSINESS
- INDUSTRIAL
- CHURCH SOCIAL
- PROFESSIONAL

G. DIMENSIONS Lot Coverage (Include area of all existing structures)

ROOF AREA (Using only perimeter of overhang) _____ square feet
 DECK AREA (Not calculated in above area) _____ square feet
 TOTAL LAND AREA (Lot size) _____ square feet
 MAXIMUM HEIGHT (Average ground level to highest point of structure) _____ feet
 NUMBER OF STORIES _____

H. SETBACKS (See Examples)

FRONT PROPERTY LINE OR RIGHT-OF-WAY	Proposed	_____ feet	Min. Required *	40 feet
LEFT SIDE PROPERTY LINE (Left)	_____ feet	_____ feet	15 feet	15 feet
RIGHT SIDE PROPERTY LINE (Right)	_____ feet	_____ feet	15 feet	15 feet
REAR PROPERTY LINE	_____ feet	_____ feet	25 feet	25 feet

(NOTE: Corner lots have 2 right-of-ways. Identify all right-of-ways)

* Contact Township Zoning Officer for Set Backs for corner lots or non-standard shapes.

I. TYPE OF SEWAGE DISPOSAL

- CENTRAL COLLECTION
- COMMUNITY SUBSURFACE
- INDIVIDUAL SUBSURFACE

HAVE YOU APPLIED FOR A SEWAGE PERMIT YES NO PERMIT # _____ (Attach copy)

J. TYPE WATER SUPPLY

- COMMUNITY / PUBLIC WATER
- INDIVIDUAL (Well/Cistern) [Permit Required]
- OTHER _____

K. RESIDENTIAL BUILDINGS WITH INDIVIDUAL SUBSURFACE SEWAGE

Original number of bedrooms _____
 Total number of bedrooms after construction _____

L. COMMERCIAL BUILDINGS ONLY

NUMBER OF OFF STREET PARKING SPACES _____
 (INCLUDE ON PLOT PLAN)

III. IDENTIFICATION:

Application must be signed by BOTH land owners and applicants if other than owners.

I/We hereby represent that the foregoing answers are true and request that a permit be issued in reliance upon the truth thereof.

I/WE AGREE WITH all amendments thereof, regulations issued pursuant thereto, and to immediately inform, in writing, the Zoning Officer or Building Officer of Porter Township in Pike County PA of any substantial change in the foregoing plans and specifications. If in the opinion of township officials such construction or substantial change in the plan violates the Township Ordinance(s) or any amendment or regulation adopted pursuant thereto. The Township official may revoke any permit. If any work authorized by this permit has not been commenced or reasonable progress thereon made after six months from issuance thereof, such permit shall become invalid. IN THE EVENT THE PERMIT IS REVOKED OR EXPIRES AS AFORESAID, I/We hereby agree on demand to immediately surrender it to the Zoning Officer of Porter Township in Pike County, Pennsylvania.

NAME (PLEASE PRINT) PHONE MAILING ADDRESS SIGNATURE DATE

Owner (s)	(____)	_____	_____	_____
Applicant and/or Contractor	(____)	_____	_____	_____
Company Name	Ext. _____	_____	_____	_____

DO NOT WRITE BELOW THIS LINE

IV. ACTION OF THE ZONING OFFICER:

- GRANTED
- DENIED
- SEE COMMENT SHEET

Signature: _____ Date: _____