

PORTER TOWNSHIP
 2186 Route 402
 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:

<p>A. TYPE IMPROVEMENT</p> <input type="checkbox"/> NEW BUILDING <input type="checkbox"/> ADDITION <input type="checkbox"/> REPLACEMENT	<p>B. PROPOSED USE: <u>RESIDENTIAL</u></p> <input type="checkbox"/> ONE FAMILY <input type="checkbox"/> TWO FAMILY <input type="checkbox"/> MULTI FAMILY # OF UNITS _____ <input type="checkbox"/> RESIDENTIAL CONVERSION TO APARTMENTS <input type="checkbox"/> GARDEN APARTMENTS <input type="checkbox"/> TOWN HOUSE <input type="checkbox"/> MEDIUM HIGH RISE APARTMENTS	<p>C. COST ESTIMATE</p> <p align="center">\$ _____</p>															
<p>E. SLOPE AT BLDG. SITE Will any earth disturbance occur on a slope greater than:</p> <p>15% <input type="checkbox"/> Yes <input type="checkbox"/> No 25% <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Attach erosion control plan as required by Article IV Section 405.13 of Zoning Ordinance.</p>	<p>NON-RESIDENTIAL</p> <input type="checkbox"/> HOTEL/MOTEL # OF UNITS _____ <input type="checkbox"/> RESORT FACILITY <input type="checkbox"/> RESTAURANT <input type="checkbox"/> GIFT SHOP <input type="checkbox"/> RETAIL ESTABLISHMENT <input type="checkbox"/> SERVICE ESTABLISHMENT <input type="checkbox"/> AUTO SUPPLY, SALES, SERVICE <input type="checkbox"/> PUBLIC FACILITY <input type="checkbox"/> OFFICE / BANK <input type="checkbox"/> OTHER _____	<p>D. CONSTRUCTION DATE</p> <p align="center">BEGIN: _____ END: _____</p> <input type="checkbox"/> WHOLESALE BUSINESS <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> CHURCH SOCIAL <input type="checkbox"/> PROFESSIONAL															
<p>F. FOUNDATION REQ. FOOTER DEPTH</p> <input type="checkbox"/> BELOW FROST LINE <input type="checkbox"/> ABOVE FROST LINE (Detached accessory structure only) <p>FOUNDATION MATERIAL</p> <input type="checkbox"/> POURED CONCRETE <input type="checkbox"/> BLOCK <input type="checkbox"/> OTHER _____ <p>FOUNDATION TYPE</p> <input type="checkbox"/> PIERS SIZE L _____" x W _____" <input type="checkbox"/> FULL FOUNDATION <input type="checkbox"/> CRAWL SPACE <input type="checkbox"/> FLOATING SLAB <input type="checkbox"/> OTHER _____	<p>G. DIMENSIONS Coverage (Include area of all existing structures)</p> <p>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 TOTAL LAND DISTURBANCE _____ square feet MAXIMUM HEIGHT (Average ground level to highest point of structure) _____ feet</p>	<p>H. SETBACKS (See Example)</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;"></td> <td style="width:20%; text-align: center;">Proposed</td> <td style="width:20%;"></td> </tr> <tr> <td>FRONT PROPERTY LINE OR RIGHT-OF-WAY</td> <td align="center">_____ feet</td> <td align="center">40 feet</td> </tr> <tr> <td>LEFT SIDE PROPERTY LINE (Left)</td> <td align="center">_____ feet</td> <td align="center">15 feet</td> </tr> <tr> <td>RIGHT SIDE PROPERTY LINE (Right)</td> <td align="center">_____ feet</td> <td align="center">15 feet</td> </tr> <tr> <td>REAR PROPERTY LINE</td> <td align="center">_____ feet</td> <td align="center">25 feet</td> </tr> </table> <p align="center">Distance are to: <input type="checkbox"/> Principal <input type="checkbox"/> Accessory structure</p> <p align="center">(NOTE: Corner lots have 2 right-of-ways. Identify all right-of-ways)</p> <p align="center">* Contact Township Zoning Officer for Set Backs for corner lots or non-standard shapes.</p>		Proposed		FRONT PROPERTY LINE OR RIGHT-OF-WAY	_____ feet	40 feet	LEFT SIDE PROPERTY LINE (Left)	_____ feet	15 feet	RIGHT SIDE PROPERTY LINE (Right)	_____ feet	15 feet	REAR PROPERTY LINE	_____ feet	25 feet
	Proposed																
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RIGHT SIDE PROPERTY LINE (Right)	_____ feet	15 feet															
REAR PROPERTY LINE	_____ feet	25 feet															
<p>J. TYPE WATER SUPPLY</p> <input type="checkbox"/> COMMUNITY WATER <input type="checkbox"/> INDIVIDUAL (WELL/CISTERN) <input type="checkbox"/> OTHER _____	<p>K. RESIDENTIAL BUILDINGS WITH INDIVIDUAL SUBSURFACE SEWAGE</p> <p>Original number of bedrooms _____ Total number of bedrooms after construction _____</p>	<p>L. COMMERCIAL BUILDINGS ONLY</p> <p>NUMBER OF OFF STREET PARKING SPACES _____ (INCLUDE ON PLOT PLAN)</p>															
<p>I. TYPE OF SEWAGE DISPOSAL</p> <input type="checkbox"/> CENTRAL COLLECTION <input type="checkbox"/> COMMUNITY SUBSURFACE <input type="checkbox"/> INDIVIDUAL SUBSURFACE <p>HAVE YOU APPLIED FOR A SEWAGE PERMIT <input type="checkbox"/> YES <input type="checkbox"/> NO PERMIT # _____ (Attach copy)</p>																	

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 officials 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				

DO NOT WRITE BELOW THIS LINE

IV. ACTION OF THE ZONING OFFICER:

GRANTED DENIED SEE COMMENT SHEET Signature: _____ Date: _____