

Haines Township
P.O. Box 244
Aaronsburg, PA 16820
814-349-8193

Application for Zoning Permit
Date: _____
Zoning Permit No. _____

Pamela Winter, Zoning Officer
Phone: 814-933-4712

Email: _____

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Property Owner Name: _____
Mailing Address: _____

Phone No.: Day _____ Cell _____ Email _____

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Site Information: Tax Parcel No.: 23- _____ Zoning District: _____

Physical Address of Site: _____
Lot Acreage: _____ acres or _____ square feet

Sewage Disposal Permit No. _____ Water Supply: Private Public

Current Use of Property: Commercial Residential Agricultural Institutional

Present Number of Structures on Property: _____

Land Development Plan Required? Yes No (If "Yes," submit Plan copy with application.)

Is any portion of the proposed construction in a Floodplain? Yes No

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TYPE OF IMPROVEMENT **DESCRIPTION OF WORK** (Including dimensions, as required. Add sheet if necessary.)

- 1. _____ New building _____
- 2. _____ Addition of use _____
- 3. _____ Alteration of existing structure _____
- 4. _____ Replace or relocate bldg. _____
- 5. _____ Accessory bldg. _____
- 6. _____ Change of Use _____
- 7. _____ Extension of non-conforming use _____
- 8. _____ Sign _____
- 9. _____ Permit Extension _____
- 10. _____ Fence, Wall, Etc. (_____) _____
- 11. _____ Other _____
Specify _____

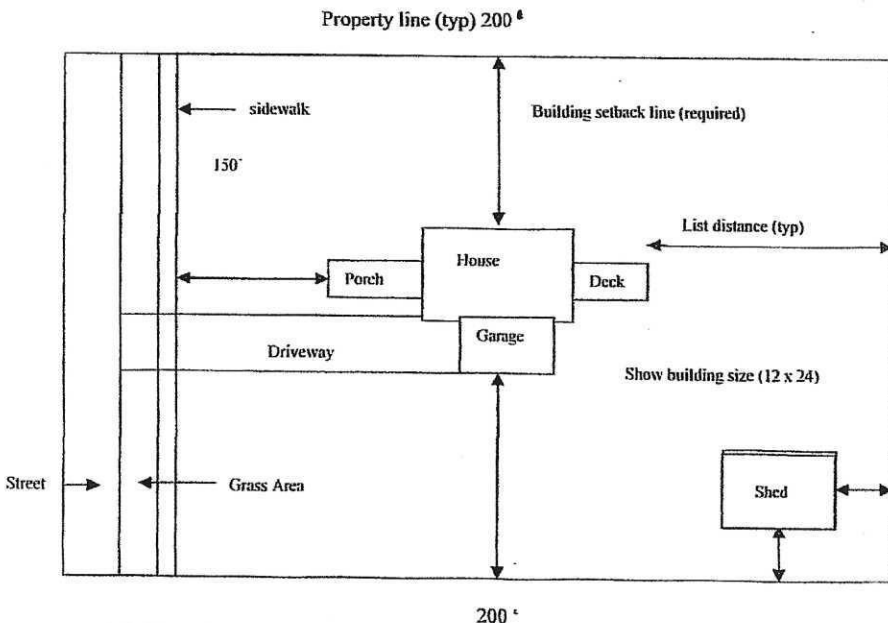
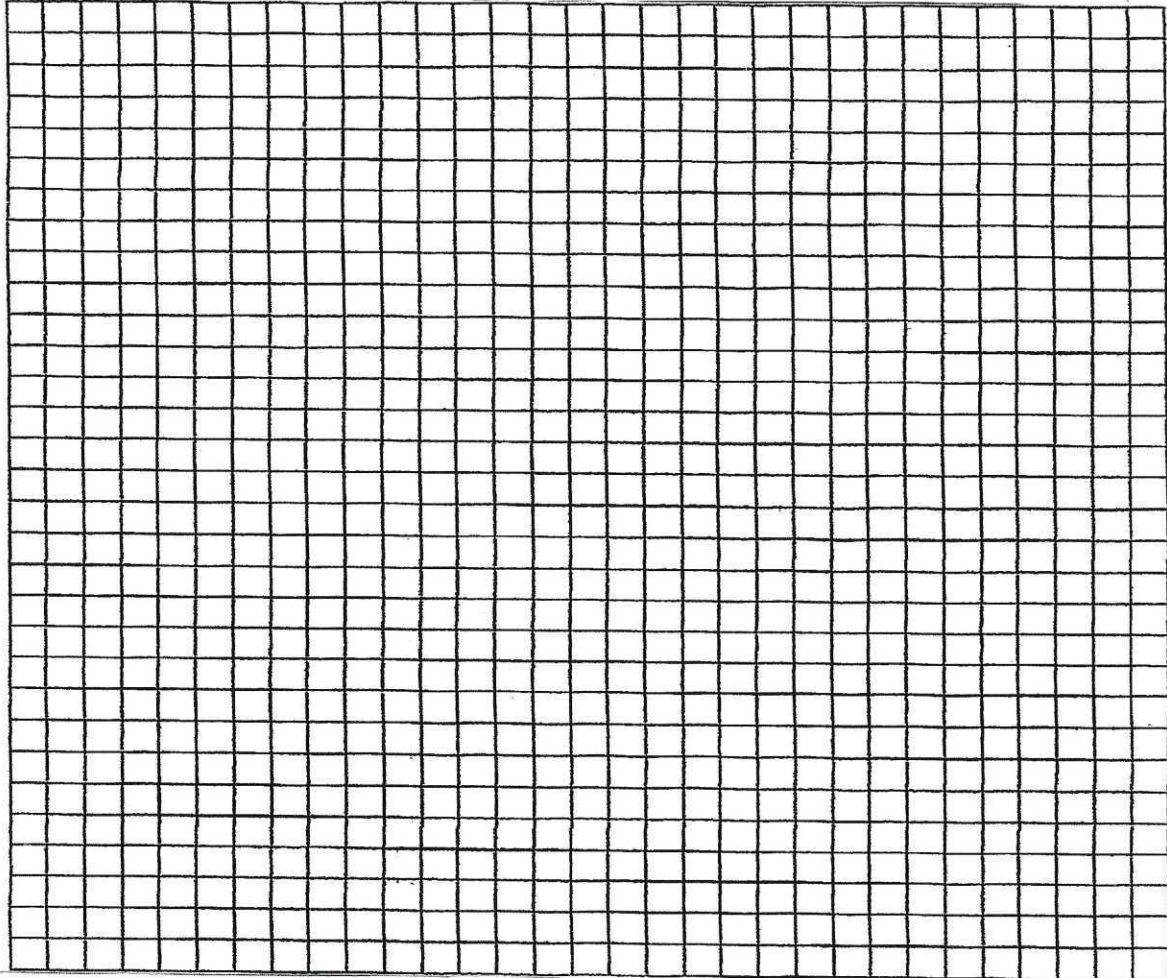
Setbacks/Distances from proposed structure(s) to All property lines:
Front _____ Rear _____ Left _____ Right _____

Setbacks from property lines as verified by Zoning Officer:
Front _____ Rear _____ Left _____ Right _____

Estimated Starting Date: _____
Estimated Completion Date: _____

DRAWING/SKETCH PLAN OF PROPERTY (See example below)

(Provide plans or drawing showing all existing and proposed structures. Label dimensions of all structures, driveways, parking lots, swimming pools, septic area & tanks, wells and distances from property lines to structures and driveways. Proposed improvement must be staked out and verified by Zoning Officer with Plot Plan before permit issuance.) Each square = _____ ft.



Number of off-street parking

1. Enclosed spaces _____
2. Outdoor spaces _____

TYPICAL PLOT PLAN (example)

Contractor's Name: _____ Phone # _____

Address: _____

PA Registration # _____

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Information for Sign Permit:

1. Building Frontage: _____ feet

2. Type of Sign:

_____ Flush mounted on wall

_____ Projecting sign (mounted perpendicular to supporting wall)

_____ Freestanding

- Distance from lot line and/or public right-of-way _____

3. Size of Sign: Height: _____ Width: _____ 4. Sign Shape: _____

5. Wording for Sign: _____

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Zoning Officer Comments:

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Certifications:

Under the penalties of the Pennsylvania Crimes Code for the falsification of information to authorities, I (we) _____ certify that:

- (1) All of the information as set forth in this application is true and correct.
- (2) All construction will comply with the requirements of the Haines Township Zoning Ordinance.
- (3) If construction is within the floodplain, all requirements of the Haines Township Floodplain Ordinance must be met.
- (4) This application is for Zoning Only and shall not relieve the applicant from other permits as may be required by law or Township Ordinance.

Applicant/Property Owner Signature

Date

Permit Application Fee: _____

Make check payable to **"Haines Township"** and include with application.
Mail or drop off application and payment to Haines Township.

DIAL 8-1-1 BEFORE YOU DIG OR GO TO www.pa811.org