

Zoning No: _____

Zoning Permit Fee: _____

Z.B.A. _____

Date Received: _____

EVELINE TOWNSHIP ZONING APPLICATION & PERMIT

ALL APPLICATION & PERMIT FEES ARE NON-REFUNDABLE

PERMIT EXPIRE ONE YEAR FROM DATE OF ISSUE

MAKE CHECKS PAYABLE TO EVELINE TOWNSHIP

PERMITS REQUIRED:

RECEIVED:

PERMITS REQUIRED:

RECEIVED:

HEALTH DEPT _____

D.E.Q. _____

BUILDING DEPT _____

CORPS OF ENG _____

SOIL & EROSION _____

ROAD COMM. _____

OTHER _____

PROPERTY TAX ID NO: _____

ZONED DISTRICT: _____

PROJECT ADDRESS / LOCATION: _____

PROJECTED START DATE: _____

PROJECTED COMPLETION DATE: _____

TYPE OF IMPROVEMENT: _____

THE APPLICATION SHALL INCLUDE ALL OF THE FOLLOWING INFORMATION

SURVEY FLOOR PLANS ELEVATIONS OTHER _____

PROPERTY OWNER'S MAILING ADDRESS:

AUTHORIZED AGENT MAILING ADDRESS
(Written authorization required)

NAME: _____

NAME: _____

STREET: _____

STREET: _____

CITY-STATE-ZIP: _____

CITY-STATE-ZIP: _____

PHONE: _____

PHONE: _____

ALT. PHONE: _____

LICENSE NO. _____

AFFIDAVIT:

I hereby acknowledge and agree that the statements made above are true, and if found not to be true, I understand that this application any zoning approvals granted and/or permit issued will be void. Further, I agree to comply with all conditions and regulations imposed with any zoning approvals granted and/or permits issued in connection with this application.

I hereby give permission for Eveline Township officials to enter the property related to this zoning application for the purposes of inspecting the property related to this zoning application, to ensure compliance with the Township Zoning Ordinance, and/or any conditions and regulations imposed in connection with any approvals granted and/or permits issued as a result of this application.

I hereby agree to comply with the provisions of the Zoning Ordinance of the Township of Eveline in the installation, construction, alteration, addition, or demolition herein, and if not the applicant, I hereby certify that the proposed work is authorized by the property owner, and that I have been empowered by the owner to complete and submit this application as his/her selected agent.

Owner or Authorized Agent Signature: _____ Date: _____

FOR OFFICE USE ONLY

THIS IMPROVEMENT CONFORMS TO THE ZONING ORDINANCE

THIS IMPROVEMENT DOES NOT CONFORM TO THE FOLLOWING ZONING

ORDINANCE PROVISIONS _____

ZONING ADMINISTRATOR: _____

DATE: _____

(EXPIRES AFTER ONE YEAR)

EVELINE TOWNSHIP ZONING APPLICATION & PERMIT

The application shall include the following information at a minimum:

1. A line drawing to scale showing the location and dimensions of the premises including the boundary lines of all parcels of land under separate ownership contained therein.
2. The size, dimensions, location on the premises, and height of all buildings, or structures to be erected or altered;
3. The width and alignment of all abutting streets highways, alleys, easements, and public open spaces;
4. The location and dimensions of sewage disposal facilities to be erected on the premises under consideration;
5. The location of all wells to be drilled on premises.
6. All proposed setbacks from lot line;
7. The locations of all ingress and egress locations, and parking areas including for commercial uses the dimensions and number of proposed parking spaces;
8. Other information requested by the Zoning Administrator as required for complete review of the application, including, but not limited to a staked property survey, including topographic elevations at 5 foot intervals where necessary to confirm compliance with Section 4.27, Steep Slope Protection Overlay.