

# ► BERWICK TOWNSHIP ◀

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Email: [office@berwicktwp.org](mailto:office@berwicktwp.org) Website: [www.berwicktownship.com](http://www.berwicktownship.com)

Date Received: \_\_\_\_\_

Permit No.: \_\_\_\_\_

## **ZONING PERMIT APPLICATION**

### **TO BE FILLED IN BY APPLICANT:**

Application is hereby made for a permit in compliance with the Municipal Zoning Ordinance. The application shall be considered complete when all adequate required documentation is submitted, zoning permit fee has been paid and the application is signed by the applicant.

A **Site Sketch Plan/Plot Plan** shall be submitted with this application showing the location of the proposed building or use (scale not needed). Show dimensions of all property boundaries comprising the lot/parcel shape, locations of existing right-of-ways, stream(s), flood plain(s), public roadway(s), private road(s), driveway(s), well(s), septic(s), existing structures, and present usage or occupancy. No changes will be made to this application and/or Plot Plan without submitting written notification and plans for such changes.

1. **Location of Property:** \_\_\_\_\_

2. **Parcel/Tax I.D.#:** \_\_\_\_\_ **Area of Lot/Parcel (sq.ft or acres):** \_\_\_\_\_

3. **Applicant Information:**

First Name: \_\_\_\_\_ Last Name or Business Name: \_\_\_\_\_

Street Address (complete) \_\_\_\_\_

Phone#: \_\_\_\_\_ Email: \_\_\_\_\_

4. **Owner Information:**

First Name: \_\_\_\_\_ Last Name or Business Name: \_\_\_\_\_

Street Address (complete) \_\_\_\_\_

Phone#: \_\_\_\_\_ Email: \_\_\_\_\_

5. **Property Information** (if different from above):

First Name: \_\_\_\_\_ Last Name or Business Name: \_\_\_\_\_

Street Address (complete) \_\_\_\_\_

Phone#: \_\_\_\_\_ Email: \_\_\_\_\_

6. Parking Spaces (off street): Present: \_\_\_\_\_ Proposed: \_\_\_\_\_ Height of Proposed Building: \_\_\_\_\_

7. Present Use: \_\_\_\_\_ Proposed Use: \_\_\_\_\_

8. Describe Project (Check all that apply): ☐ Residential ☐ Commercial

☐ Erect a New Structure(s) ☐ Pool ☐ Change of Occupancy

☐ Replace a Structure(s) ☐ Home Occupation ☐ Demolition

☐ Add to a Structure(s) ☐ Change of Land Use ☐ Fence / Wall

☐ Erect / Replace a Sign (See Sign Permit Zoning Application & attach with this application)

☐ Other (Please Specify): \_\_\_\_\_

☐ Concrete Pad Only - Residential Use (no footers required) What is intent of pad? \_\_\_\_\_

☐ Concrete Pad Residential Use with a building on it (footers required)

9. Cost of Proposed Project: \_\_\_\_\_ ☐ Estimated or ☐ Actual

10. Describe Proposed Project/Use in more detail: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Is existing septic system in good condition: ☐ YES ☐ NO ☐ NOT APPLICABLE
12. Has a Permit for an on lot septic system been obtained: ☐ YES ☐ NO ☐ NOT APPLICABLE
- If yes, date Permit issued: \_\_\_\_\_ and Permit #: \_\_\_\_\_ **NOTE:** If septic system does not exist nor septic permit has not been issued, no zoning permit will be issued until proof of compliance with DEP regulation for on lot septic disposal is submitted.
13. Road encroachment permit: ☐ Municipal ☐ State  
☐ Private, Permit issued: ☐ Yes ☐ No ☐ Not Applicable
14. If applicable, Stake corners of new structure location on lot. This should be completed at the time application is submitted for approval. Failure to do this will delay issuing of zoning permit.

I verify that the foregoing statements are true to the best of my information and belief. I understand that false statements herein are subject to the penalties of 18 PA C.S.A. relating to unsworn falsifications to authorities. I also understand that it is the applicant's responsibility to obtain a Building Permit prior to starting construction as per Act 45. I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I understand and assume responsibility for the establishment of official property lines for required setbacks prior to the start of construction, and agree to conform to all applicable laws of this jurisdiction. I certify that the Code official or his representative shall have the authority to enter the areas in which this work is being performed, at any reasonable hour, to enforce the provisions of the Codes governing this project.

\_\_\_\_\_  
*Applicant Name – please print*

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Date*

► Payment is set by Berwick Township and is required at the time of Zoning Permit Approval – *thank you* ◀  
revised – 05-24-18

*For official Use Only***TO BE FILLED IN BY ZONING OFFICER/ADMINISTRATOR:**

The following shall be the minimum requirements for the proposed project(s) as set forth in the Municipal Zoning Ordinance.

1. Plot Plan Submitted? ☐ YES ☐ NO ☐ NOT REQUIRED

2. Zoning District of Property: \_\_\_\_\_

Required Building Setback: Front: \_\_\_\_\_ Rear: \_\_\_\_\_ Side: \_\_\_\_\_

Proposed Structure Setback: Front: \_\_\_\_\_ Rear: \_\_\_\_\_ Side: \_\_\_\_\_

Second Structure Setback: Front: \_\_\_\_\_ Rear: \_\_\_\_\_ Side: \_\_\_\_\_

Does proposed project conform with Building Setback requirements?: ☐ Yes ☐ No ☐ Not Applicable

Remarks: \_\_\_\_\_

3. Minimum Loading Space: \_\_\_\_\_ Loading Space Provided: \_\_\_\_\_

4. Maximum Sign Area: \_\_\_\_\_ Proposed Sign Area: \_\_\_\_\_

5. Maximum Lot Coverage: \_\_\_\_\_ Proposed Lot Coverage: \_\_\_\_\_

6. Remarks: \_\_\_\_\_

7. Fee: \$ \_\_\_\_\_ Date Paid: \_\_\_\_\_ ( ☐ Check # \_\_\_\_\_ ☐ Cash )

**CERTIFICATION**

1. The proposal ☐ DOES ☐ DOES NOT comply with the Municipal Zoning Ordinance

2. The proposal ☐ DOES ☐ DOES NOT require any new water and sewer connection, tapping fees or connection fees and complies with the Municipal Authority's Rules & Regulations

3. A Uniform Construction Code Building Permit is required: ☐ YES ☐ NO

Remark: \_\_\_\_\_

4. A Variance is required: ☐ YES ☐ NO

5. A Special Exception / Conditional Hearing is required: ☐ YES ☐ NO

6. A Permit for the above described project / use was: ☐ GRANTED ☐ DENIED ☐ EXEMPT

on this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

7. This Permit expires on the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

8. If applicable, the following special exceptions conditions were placed by the Zoning Hearing Board:

Signature of Zoning Officer: \_\_\_\_\_

Date: \_\_\_\_\_