

Herrick Township Zoning Permit Application

1. Property Tax Map No. _ _ . _ _ - _ , _ _ . _ _ , _ _

(Available from County Assessment Office @ 570-278-4600)

2. Property Owner _____

3. Mailing Address of Property Owner _____

4. Property Address If Different Than #3. _____

5. Home Telephone No. _____ Cell Phone No. _____

6. Email Address: _____

7. Size of the lot: Acres _____ or Square Feet _____

Contractor Information

1. Name _____ Telephone No. _____

2. Address _____

Project Information

1. Type of Improvement

- New Building
- Addition
- Alteration
- Demolition or Wrecking
- Moving

6. Dimensions

Height in feet _____

Length in feet _____

Width in feet _____

2. Estimated Cost of Construction

\$ _____

3. Construction Starting Date

4. Anticipated Completion Date

5. Type of Use as per Zoning Ordinance

- Permitted Use
- Conditional Use
- Accessory Structure

7. Setbacks From The Following in Feet

Center of Twp or State Road _____

Side property line _____

Other side property line _____

Rear property line _____

Water body _____

8. Is Construction in a Flood Plain?

- Yes
- No

Proposed Use

Residential

One Family Two Family Multi Family - # of units _____ Other _____

Accessory Structures

Garage Shed Carport Deck Porch Pool Other _____

Non-Residential

Retail Restaurant Resort Facility Hotel/Motel - # of units _____ Change of Use

Wholesale Business Industrial Church/Social Office/Bank/Professional Industrial

Other _____

Residential Buildings Only

Number of Bedrooms _____

Type of Sewage Disposal Existing On-lot New On-Lot Community Sewage System

Have you obtained a sewage permit? No Yes - Permit # _____ (Required)

Type of Water Supply Individual Well Community Other _____

Required Additional Documents

1. Include one copy of your building plans. Include floor plans and building elevations.
2. Include one copy of a neatly drawn plot map showing the driveway, all buildings, setbacks to property lines, location of septic system and well location. (If the lot is less than 1 acre the zoning office may require a survey by a PA licensed PLS. In all cases the plot plan shall be a true representation of the property and its improvements.
3. Incomplete applications will be returned and a new review fee will be charged.

Print Owners/Applicants Name

Signature

Date

Action of the Board of Supervisors for Conditional Use Applications

Date: _____ Granted Denied Signature(s) _____

Conditions if any _____

Action of the Zoning Officer

Date _____ Granted Denied Permit No. _____

Permit Fee \$ _____ Check No. _____ Date Received _____

Signature of Zoning Officer

Additional Notes:
