

Application for Zoning Permit
Department of Planning and Zoning Administration
East Buffalo, Kelly Townships
589 Fairground Road, Suite 2, Lewisburg, PA 17837
570-768-4981 fax 570-768-4982

Permit # _____

Applicant _____

Use _____

East Buffalo Township

Kelly Township

*Fees are payable to the Township

↓ **Office Use Only** ↓

Date received _____

Fee _____

Date Paid _____

Zoning District _____

1. Name of Property owner(s) _____

Mailing Address _____

Telephone Number _____ Tax Parcel Number _____

2. Application for New Home Addition Detached Accessory building
 Swimming Pool Fence Commercial or Industrial Building
 Other; Explain _____

3. Estimated starting Date _____ Estimated Completion Date _____

4. Contractors name _____

Address _____

Telephone Number _____

Check if you're performing the work yourself

5. Utilities On-Lot water On-lot sewer Public Water Public sewer
* If you are installing a new sewer system a copy of your permit is required

6. Driveway Access Township Road State Road * A copy of your driveway permit is required prior to issue of zoning permit.

7. Street or Road which provides access to your property _____

8. Road or Street Frontage _____ feet (double front) _____ feet

*Items 9, 10 and 11 are for the proposed building or structure.

9. Front yard setback: Distance from center of street/road _____

10. Side yard setbacks: Distance from property line _____ feet _____ feet

11. Rear yard setback: Distance from property line _____ feet

12. Total lot area _____ square feet or _____ acres

13. Size of proposed buildings or structures

Width _____ Length _____ Height _____ Stories _____ Use _____

Width _____ Length _____ Height _____ Stories _____ Use _____

Width _____ Length _____ Height _____ Stories _____ Use _____

Width _____ Length _____ Height _____ Stories _____ Use _____

14. Size of Existing Buildings or structures

Width _____ Length _____ Height _____ Stories _____ Use _____

Width _____ Length _____ Height _____ Stories _____ Use _____

Width _____ Length _____ Height _____ Stories _____ Use _____

Width _____ Length _____ Height _____ Stories _____ Use _____

15. Include a drawing on the next page of your property showing the following:

a. Plot plan of the property showing the distances of the boundary lines in feet

b. Location and size of all existing and proposed building(s) or structures and their relationship to the property lines and road frontage in feet must be shown for each building or structure.

c. Location of any streams or rivers, all easements including what they are for and their widths are required to be shown

d. Location of the driveway, existing or proposed and its distance from the property line and the name of the street or road providing access

NOTE: The required drawing does not have to be to a scale and may be submitted on a separate sheet of paper.

16. This page is provided for the required drawing.

17. Have you researched your deed to verify that no deed restrictions or covenants exist that may prohibit you from undertaking the proposed activity as set forth in this application? Yes No
18. Applicants are responsible to contact the Union County Conservation District with regards to any earth moving activities to verify if an Erosion and Sedimentation Plan is required.
19. No work within any public right-of-way is covered by this permit. Prior to working in a public right-of-way the Owner / Applicant must contact the Township Public Works to secure the required permit.
20. Signatures of application must be completed by the property owner or an authorized thereof.

I/we as lawful property owner(s) or as an authorized agent of the lawful property owner(s) certify that the information contained in this application is true and correct and that I/we understand that false statements made herein may be subject to lawful action in the Courts of the Commonwealth relating to falsification of information, or misleading representation.

Signature _____ Date _____

Indicate Signature as Owner(s) or Authorized Agent

↓OFFICE USE ONLY↓

Total Building Coverage _____ square feet

Total Impervious Coverage _____ square feet

Percentage of Building Coverage _____

Total Percentage of Impervious Area _____

Approved Date of Action _____

Zoning Officers Signature _____

Denied for non-compliance with the following provisions of the applicable Township Ordinance:

Forwarded to the Applicant on _____