

# TOWNSHIP OF WEST DONEGAL

One Municipal Drive  
Elizabethtown PA 17022  
Phone (717) 367-7178  
Fax (717) 367-8982

## ZONING PERMIT

Zoning Permit No. \_\_\_\_\_ Sewer Permit No. \_\_\_\_\_

Construction Code Permit Required \_\_\_\_\_ Yes \_\_\_\_\_ No

### Type of Permit

- New Construction\*     Addition/Alternation\*     Shed     Fence     Deck (\* Heights 30" & Over)  
 Sign     Driveway     Swimming Pool\*     Permit Renewal     Demo     Other \_\_\_\_\_

\* Indicates a UCC Construction Permit is needed in addition to the Zoning Permit. Note that ALL Commercial projects require both permits.

### Project Information

Project Address: \_\_\_\_\_

Zoning District: \_\_\_\_\_ Tax Parcel No. \_\_\_\_\_

Estimated Project Cost: \$ \_\_\_\_\_

Current Use of Property: \_\_\_\_\_ Proposed Use of Property: \_\_\_\_\_

Property Use Permitted by:     By Right     Special Exception/Variance- Date \_\_\_\_\_     Conditional Use- Date \_\_\_\_\_

### Property Owner Information

Name of Property Owner (s) \_\_\_\_\_

Address of Property Owner \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone No. \_\_\_\_\_

### Contractor Information

Commonwealth of PA Registration Number \_\_\_\_\_

Contractor Name \_\_\_\_\_

Contractor Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone No. \_\_\_\_\_

### Lot Information

Total Sq. Ft. \_\_\_\_\_ Total Building Coverage \_\_\_\_\_ Sq. Ft.

Total Impervious Coverage \_\_\_\_\_ Sq. Ft.    Sidewalks: Yes \_\_\_\_\_ No \_\_\_\_\_

Are there any easements and/or rights-of-ways?    Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe them \_\_\_\_\_

### Building Information

New Building Width: \_\_\_\_\_ Depth: \_\_\_\_\_ Height: \_\_\_\_\_ Number of Stories: \_\_\_\_\_

Total Living Area: \_\_\_\_\_ Sq. Ft.    Type of Construction: \_\_\_\_\_ Off Street Parking Spaces: \_\_\_\_\_

**Setback Information** Note: setbacks are measured from center of road

Proposed - Front: \_\_\_\_\_ Rear: \_\_\_\_\_ Side: \_\_\_\_\_ Side: \_\_\_\_\_

Required - Front: \_\_\_\_\_ Rear: \_\_\_\_\_ Side: \_\_\_\_\_ Side: \_\_\_\_\_

\* Corner lots have 2 front yards, 1 side yard, and 1 rear yard for the purposes of establishing setbacks

Garage: \_\_\_\_\_ None: \_\_\_\_\_ Attached: \_\_\_\_\_ \*Unattached: \_\_\_\_\_

\* Subject to accessory building regulations and setbacks

**Type of Sign:**

- Billboard
- Wall Sign
- Overhead Sign
- Roof
- Ground
- Other \_\_\_\_\_

Dimensions: Area of Sign \_\_\_\_\_ sq ft. (per side) Height \_\_\_\_\_ ft.

Setbacks: From centerline of street \_\_\_\_\_ ft., from edge of roadway \_\_\_\_\_ ft.

Description: \_\_\_\_\_

\*Attach a drawing indicating the wording on the sign, the proposed location, a description of the type, construction, and the manner and method of installation. If the applicant is other than the owner or lessee of the building, a written authorization from them is required.

\*\*\*\*\*

I acknowledge that the holder of a zoning permit is responsible to ensure compliance with all applicable Township Ordinances during and at completion of the work authorized by the permit. **I acknowledge that the Township requires that a final inspection be performed by the Zoning Officer and that the Zoning Officer issue a certificate of use and occupancy before the structure which is authorized by this permit may be occupied.**

It is my responsibility to ensure that this inspection is scheduled and the certificate of use and occupancy obtained before the structure may be occupied. I acknowledge that if I occupy or permit the occupancy of this structure prior to the issuance of a certificate of use and occupancy, I will have committed a violation of the Zoning Ordinance and will be subject to the penalties and remedies in the Zoning Ordinance. I also acknowledge that, if the structure is occupied prior to the final inspection, work may have to be removed and re-executed in order that it may be adequately inspected. If the Township is required to perform an inspection after the structure is occupied, intending to be legally bound hereby, I agree to pay the fee established by the Township for delinquent inspections.

Nothing contained in this application shall be construed to relieve or limit the obligations of applicant to comply with all provisions of the Zoning Ordinance or to waive violations of the Zoning Ordinance or any other Township ordinances or to stop the Township from enforcing Township ordinances, including but not limited to the Zoning Ordinance.

By signing this application, I certify that all facts in the application and all accompanying documentation are true and correct. This application is being made by me to induce official action on the part of West Donegal Township, and I understand that any false statements made herein are subject to the penalties of 18 Pa. C.S. §4904 relating to unsworn falsification to authorities.

I hereby acknowledge that the above mentioned project will be completed and the property will be used as described in the information on this application and any attached plot plans.

\_\_\_\_\_  
**Signature Owner ( ) Authorized Agent ( ) Date**

**This section to be completed by the Township**

Date Received: \_\_\_/\_\_\_/\_\_\_ Date Issued: \_\_\_/\_\_\_/\_\_\_ Date Denied: \_\_\_/\_\_\_/\_\_\_

Reason for Refusal (if denied): \_\_\_\_\_

Signature of Zoning Official: \_\_\_\_\_ Date: \_\_\_\_\_

Permit Cost	\$ _____	Storm Water	\$ _____	Park Fees-in-Lieu of	\$ _____
Driveway	\$ _____	Sidewalk Insp.	\$ _____	<b>TOTAL COST</b>	\$ _____
UCC	\$ _____	Scan Fee	\$ _____		
<b>TOTAL COST</b>	\$ _____			Offsite Road Improvements	\$ _____
				<b>TOTAL COST</b>	\$ _____