

SUGAR NOTCH BOROUGH ZONING PERMIT APPLICATION

MAIL YOUR COMPLETED APPLICATION AND FEE TO:

SUGAR NOTCH BOROUGH
Main & Freed Streets
Sugar Notch, PA 18706

See attached Fee Schedule: All checks made Payable to Sugar Notch Borough

Permit Number: _____

1. ADDRESS/LOCATION OF PROPERTY:

2. ZONING DISTRICT IN WHICH THE PROPERTY IS LOCATED: _____

3. APPLICANT'S NAME, ADDRESS and PHONE NUMBER:

4. OWNER'S NAME, ADDRESS and PHONE NUMBER (if not applicant)

5. APPLICATION IS HEREBY MADE TO:

ERECT A STRUCTURE PRINCIPAL ACCESSORY

ADD TO A STRUCTURE PRINCIPAL ACCESSORY

CHANGE USE OF STRUCTURE

ESTABLISH A HOME OCCUPATION

ERECT A FENCE (FENCING

INSTALL SWIMMING POOL IN-GROUND ABOVE-GROUND

INSTALL OFF-STREET PARKING AREA

ERECT A SIGN

USE OF LAND WITHOUT ANY STRUCTURE

APPEAL OF VIOLATION NOTICE

OTHER (PLEASE LIST) _____

6. PROVIDE A NARRATIVE WHICH EXPLAINS THE PROPOSED USE OF THE PROPERTY BASED UPON THE ITEM CHECKED UNDER NO. 5:

7. SIZE OF LOT:

_____ WIDTH

_____ DEPTH

_____ ACRES/SQUARE FEET

8. **PROVIDE THE LOCATION OF PROPOSED STRUCTURE/USE ON LOT, INCLUDING ANY ADDITION IF APPLICABLE**

___ FEET TO FRONT YARD PROPERTY LINE

___ FEET TO REAR YARD PROPERTY LINE

___ FEET TO SIDE YARD PROPERTY LINE

___ FEET TO SIDE YARD PROPERTY LINE

___ MAXIMUM HEIGHT OF STRUCTURE.

9. **PER SECTION 1302.2 (A) OF THE SUGAR NOTCH BOROUGH ZONING ORDINANCE, ATTACH A SITE PLAN WHICH ADEQUATELY ILLUSTRATES THE EXISTING AND PROPOSED DEVELOPMENT: INCLUDE THE LOT SIZE, DIMENSION OF EXISTING AND PROPOSED STRUCTURES, SETBACK DISTANCES TO PROPERTY LINES AND OFF-STREET PARKING.**

PLEASE REFER TO ATTACHED SAMPLE DRAWING

I HEREBY CERTIFY THAT THE INFORMATION CONTAINED WITHIN THIS APPLICATION IS TRUE, CORRECT AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

10. _____
SIGNATURE OF APPLICANT

DATE

SIGNATURE OF OWNER

DATE

11. APPROVED DENIED

SIGNATURE OF ZONING OFFICER

DATE

12. **IF PERMIT IS DENIED, THE ZONING OFFICER SHALL NOTE THE APPLICABLE SECTIONS OF THE SUGAR NOTCH BOROUGH ZONING ORDINANCE BELOW:**

13. A COPY OF THE ZONING OFFICER'S OFFICIAL LETTER OF DENIAL SHALL BE ATTACHED TO THIS PERMIT.

14. HAS THE APPLICANT/OWNER REQUESTED AN APPEAL OF THE ZONING OFFICER'S DECISION TO THE ZONING HEARING BOARD?

YES NO

15. IF APPLICABLE, DATE OF WRITTEN REQUEST OF APPEAL: _____

ATTACH COPY OF APPLICANT/OWNER'S WRITTEN REQUEST FOR APPEAL TO ZONING HEARING BOARD.

16. IF APPLICABLE, DATE OF SCHEDULED ZONING HEARING BOARD MEETING: _____