

**PERMIT #: \_\_\_\_\_\_\_\_**

**Fee: $\_\_\_\_\_\_\_**

Application for Zoning/Occupancy

**I.** **Property Owner Information:**

1. **Property Owner’s Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. **Property Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. **Owner’s Address:\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. **Owner’s Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Best time to call: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. **Zoning District**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

F. **Tax Map & Parcel Number:\_\_\_\_**29- \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**II. Applicant Information:** *(Complete only if different than information above)*

## Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

B. Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

C. Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Applicant’s Interest (owner, contractor, tenant, etc.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**III. Purpose:** Vendor

|  |  |  |
| --- | --- | --- |
| Estimated Start Date: | Estimated Completion Date: | Estimated Construction Costs:  $ |

**IV. Lot & Building Information – Please estimate these distances to the new structure:**

1. **Lot: \*\*\* See notes below.\*\*\***

|  |  |  |
| --- | --- | --- |
| Road Frontage: | Setback from Road Right of Way: | Side Yard Setback:  Side Yard Setback: |
| Rear Yard Setback: | Lot size:  Distance from the existing structure: | |

1. **Proposed Structure:**

|  |  |  |
| --- | --- | --- |
| Height: | Length: | Width: |

1. **Type Vendor:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Page 1 of 2

**Note:** plot plan must be attached showing the lot with any existing structures as well as the new structure. Distances to property lines must be shown as well. (If property lines are over 50 feet away, it can be so noted on the plan.) All dimensions of the structure and setbacks must be shown.

**V. Contractor Information:**

1. Contractor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Contractor Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Contractor Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ e-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Certificate of Worker’s Compensation Insurance Attached**

**Contractor is Exempt**

Worker’s Compensation Insurance Information Form for Exemption Must be Attached

**Homeowner is Contractor - NO INSURANCE REQUIRED**

**Certification:**

1. Under penalties of the Pennsylvania Crimes code for the falsification of information to authorities, I (we) certify that the information herein is true and correct.

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

Name (PLEASE PRINT) Date

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

Signature

**For Township Use Only**

|  |  |  |
| --- | --- | --- |
| Floodplain Yes No | Date Fee Pd: | Application Received: |
|  |  | PC Review Date |
| ZHB Review Date: | Supervisor Review Date: | Issued Denied Date  Signature: |
| Comments: | | |

**PLEASE MAKE PAYMENT AND RETURN APPLICATION TO:** Springfield Township

Phone: 724-748-4999 406 Old Ash Rd.

Fax: 724-748-3859 Mercer, PA 16137

Email: [sswartz@springfield-mercer.org](mailto:sswartz@springfield-mercer.org)

Page 2 of 2