

Permit # _____ Tax Parcel # _____ Applicant _____
Date of Application _____ Fee \$ _____ Date Paid _____

Application for Zoning, Occupancy and/or Sign Permit (last rev. 08/04/10)
Borough of Selinsgrove

Applicant Name/Contact: _____
Applicant Address: _____

Contact Phone # / FAX # / email address: _____ / _____ / _____

Application for Zoning and/or Occupancy Permit (check all that apply):

- | | | |
|--|---|--|
| <input type="checkbox"/> Verify Zoning Compliance | <input type="checkbox"/> Principal | <input type="checkbox"/> Building |
| <input type="checkbox"/> Erect/Establish New | <input type="checkbox"/> Accessory | <input type="checkbox"/> Structure (incl. fences, walls) |
| <input type="checkbox"/> Alter/Change/Repair/Replace | <input type="checkbox"/> Non-Conforming | <input type="checkbox"/> Use |
| <input type="checkbox"/> Convert | <input type="checkbox"/> Residential <input type="checkbox"/> Non-Residential | <input type="checkbox"/> Sign |
| <input type="checkbox"/> Demolish/Remove/Discontinue | <input type="checkbox"/> Temporary (30 days or less) | |

Building, structure or use located at (street address or physical location): _____

Building, structure or use located within the _____ Zoning District

Existing or most recent use of building, structure and/or lot: _____ Date of last use _____

Proposed use of building, structure and/or lot: _____

Height of Building/Structure: Exist. _____ feet/_____ stories Prop. _____ feet/_____ stories

Existing lot: Minimum lot width _____ feet; Minimum lot depth _____ feet; Area _____ square feet

Front yard setback(s): Exist. _____ feet, Prop. _____ feet (and) Exist. _____ feet, Prop. _____ feet

Side yard setback(s): Exist. _____ feet, Prop. _____ feet (and) Exist. _____ feet, Prop. _____ feet

Rear yard setback(s): Exist. _____ feet, Prop. _____ feet (and) Exist. _____ feet, Prop. _____ feet

Minimum distance between principal buildings: Exist. _____ feet, Prop. _____ feet

Proposed projection into required: Front yard _____ feet, Side yard _____ feet, Rear yard _____ feet

Building coverage: Exist. _____ square feet and _____% of lot area Prop. _____ square feet and _____% of lot area

Impervious coverage: Exist. _____ square feet and _____% of lot area Prop. _____ square feet and _____% of lot area

Required off-street parking, basis for calculation (complete all that apply, use separate form for each use proposed):

Prop. # of full-time employees _____ ; # of part-time employees _____ ; # of full-time and part-time employees on largest shift _____

Prop. floor area, open to customers _____ square feet; open to visitors _____ square feet; open only to employees _____ square feet; for storage/warehousing _____ square feet

Prop. # of seats/chairs _____ ; # of beds _____ ; # of dwelling units _____ ; capacity (# of persons) _____

Other basis (describe and submit calculations) _____

Off-street parking spaces: Exist. standard _____ Exist. sub-standard _____ Exist. total _____

Prop. standard _____ Prop. sub-standard* _____ Prop. total _____

Future standard _____ Future sub-standard* _____ Future total _____

(* sub-standard parking spaces require a variance)

Driveway(s): Exist. driveway width _____ ft.; Prop. one-way driveway width _____ ft.; Prop. two-way driveway width _____ ft.

Loading/Unloading space(s), if required: Exist. length _____ feet, width _____ feet

Prop. length _____ feet, width _____ feet

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For Signs:

of exist. signs on property, by type:

- P-2, Identification of public and semi-public facilities _____
- P-3, Nameplate for private residence _____
- P-4, Memorial or Historical monuments or markers _____
- P-6, On-site directional signs _____
- Off-site directional signs by Conditional Use Approval only _____
- P-7, Business signs _____
- Mural by Special Exception Approval only _____
- P-8, Home occupation signs _____

of exist.signs by mounting: Flush on wall __; Perpendicular to wall __; Free-standing __; Overhead __; Awning __

Building frontage _____ feet; Number of businesses in building _____;

of proposed signs:

type of sign	_____	_____
mounting	_____	_____
distance from adjacent right-of-way line	_____	_____
vertical dimension of sign face	_____	_____
horizontal dimension of sign face	_____	_____
single or double sided	_____	_____
height to top of sign from ground	_____	_____
height to bottom most part of sign from ground	_____	_____
type of internal illumination of sign, if any	_____	_____
type of external illumination of sign, if any	_____	_____
wording/graphics on sign face 1	_____	_____
wording/graphics on sign face 2	_____	_____

If Located within or adjacent to Identified Flood Plain:

For a building, structure or use located within or adjacent to Flood Plain Districts, check all that apply:

- located in FW __, in 100-year FF (Zone AE)__, in 500-year FF (Zone X) __, in FA (Zone A) __
- estimated base flood elevation _____ feet

Other Approvals Required (checked items must be addressed by applicant, prior to occupancy):

- [] Zoning Permit Occupancy Certificate Issued (describe) _____ Date Issued _____
- [] Nonconforming Use Certificate Issued (describe) _____ Date Issued _____
- [] Variance(s) (describe) _____ Date Granted _____
- [] Special Exception(s) (describe) _____ Date Granted _____
- [] Conditional Use Approval(s) (describe) _____ Date Granted _____
- [] Sign Permit Approval (describe) _____ Date Issued _____
- [] Subdivision and Land Development Plan Approval (describe) _____ Date Granted _____
- [] Building Permit (CKCOG) Occupancy Certificate Issued (describe) _____ Date Granted _____
- [] Demolition Permit (describe) _____ Date Granted _____
- [] Grease Trap Installation Approval by Borough (describe) _____ Date Issued _____
- [] Sewer/Water Connection Permit Approval (describe) _____ Date Granted _____
- [] Industrial Waste Pretreatment Agreement with ESCRA (describe) _____ Date Issued _____

Supporting Documentation:

Plan(s) – One copy of a plan view or site plan must be provided to illustrate the locations and dimensions for the existing and proposed items for which information was provided above. Although a scaled drawing is preferred, appropriate dimensions may be noted on a plan, which is not drawn to scale. Other plans and views may also be provided to supplement the plan view.

Supporting Documentation – One copy of any other approvals, prior approvals, permits, prior permits, decisions, agreements or activities related to the requested Zoning and Occupancy Permit should also be submitted.

Permit # _____

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Procedure to Complete Zoning and/or Occupancy Permit Application Process

1. A copy of this application is to be displayed at the construction site for the full duration of any construction.
2. **If the proposed project includes construction that is covered under the Pennsylvania Uniform Construction Code**, a copy of this Application for Zoning and/or Occupancy Permit is to be submitted along with the application for a Building Permit to:
 Central Keystone Council of Governments (CKCOG)
 1610 Industrial Boulevard Suite 400A
 Lewisburg PA 17837
 Phone 570-522-1326, or toll free at 1-877-457-9401 Fax 570-522-1327
 Web Site: www.ckcog.com
3. A copy of the Building Permit Occupancy Certificate, obtained upon the completion of the Building Permit process with CKCOG, is to be submitted to the Zoning Office of the Borough of Selinsgrove
4. The Applicant must notify the Borough Zoning Office upon the completion of the project and prior to occupancy of the premises
5. A Zoning Permit Occupancy Certificate (see below) will be issued by the Borough of Selinsgrove to complete the Zoning Permit process, prior to occupancy of the premises.

Certification [must be completed by property owner(s) or equitable owner(s)]:

Under the penalties of the Pennsylvania Crimes Code for falsification of information to Authorities, I (we) certify that all information set forth in the above application is true and correct and that all new construction, structural alteration or changes in the use of a building or lot will comply with all applicable codes and ordinances, including but not limited to zoning, floodplain, subdivision and land development, erosion and sedimentation control, building construction, grease traps, industrial waste pretreatment, etc. I (we) also certify that I (we) have read and understand the "Procedure to Complete Zoning and Occupancy Permit Application" contained herein and the requirements of § 140-100 and § 140-101 pertaining to Zoning and Occupancy Permits of the Code of the Borough of Selinsgrove.

_____	_____
(applicant's signature)	(date)
_____	_____
(co-applicant's signature)	(date)

Application Review Record – for office use only

Notes pertaining to review _____

Zoning Application Approved on _____ by _____
Conditions: _____
Notice sent to applicant on _____

Zoning Application Disapproved on _____ by _____
Reasons: _____
Notice sent to applicant on _____

Occupancy Certificate – for office use only

The premises identified within this "Application for Zoning and/or Occupancy Permit" comply with the provisions of the Selinsgrove Borough Zoning Ordinance and other applicable regulations and may be used for the purpose set forth in the application.

Issued on _____ by _____

Non-Conforming Use Certificate – for office use only

The premises identified within this "Application for Zoning and/or Occupancy Permit" are currently occupied by a lawful, nonconforming use(s) and the owner of these premises has the right to continue such nonconforming use(s).

Issued on _____ by _____

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Optional Information Requested by Selinsgrove Main Street Program

Estimated dollar value of the overall investment required for this change in use or establishment of a new use, including the cost of new construction, alterations, repairs, refurbishing and adding new equipment, etc.:

Amount from private sources, including donated services	\$ _____
Amount from grants or loans from governmental agencies	\$ _____
Amount from other sources: _____	\$ _____
Total amount from all sources	\$ _____

Estimated amount of total from above related only to work located between the outside face of the building and the center of adjoining street(s), including curbing, sidewalks, sewer/water service, and other improvements to public facilities or utilities.

\$ _____