Application for Zoning Permit, Borough of Selinsgrove

Applicant Name/Contact:

Applicant Address:

Contact Phone # / FAX # / email address:

Application for Zoning Permit (check all that apply):

__ Verify Zoning Compliance    __ Principal    __ Accessory
__ Erect/Establish New    __ Residential    __ Non-Conforming
__ Alter/Change/Repair/Replace    __ Non-Residential    __ Temporary (30 days or less)

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

Building, structure or use located within the __________ Zoning District

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

Proposed use of building, structure and/or lot:

Proposed Improvement:

Proposed area of earth disturbance (square feet)

Height of Structure: Exist. ___ feet/____ stories    Proposed ___ feet/____ stories

Existing lot width _______ feet; depth _______ feet; Area _______ square feet

Front yard setback(s): Existing _____ feet, Proposed _____ feet
Side yard setback(s): Existing _____ feet, Proposed _____ feet    Existing _____ feet, Proposed _____ feet
Rear yard setback(s): Existing _____ feet, Proposed _____ feet

Minimum distance between principal buildings: Existing _____ feet, Proposed _____ feet

Building coverage: Existing _____ sq. ft. _____% of lot area    Proposed _____ sq. ft. _____% of lot area

Impervious coverage: Exist. _____ sq. ft. and _____% of lot area Proposed _____ sq. ft. and _____% of lot area

Required off-street parking;

Proposed # of employees on largest shift _____ Proposed floor area, open to customers _____ sq. ft.
Proposed # of seats ______________________ Proposed # of beds ______________________

Off-street parking spaces: Existing standard 9’ by 17’ ______  Proposed standard 9’ by 17’ ______

Driveway(s): Existing driveway width ___ ft.; Proposed driveway width ___ ft.

Loading/Unloading space, Commercial: Exist. length ___ ft. width ___ ft. Prop. length ___ ft, width ___ ft.

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.

Supporting Documentation: Plan: One copy of a site plan must be provided to illustrate the locations and dimensions for the existing and proposed structures. Dimensions must be noted on the plan.

Procedure to Complete Zoning 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 (approved) Application for Zoning 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.ckcoq.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 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 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 § 27-1602 and § 27-1603 pertaining to Zoning and Occupancy Permits of the Code of the Borough of Selinsgrove.

______________________________  __________________________
(applicant’s signature)  (date)

Notes pertaining to review

________________________________________________________________________

Zoning Application Approved on ___________ By _____________________________

Conditions:

________________________________________________________________________

Notice sent to applicant on ___________

Zoning Application Disapproved on __________________________

________________________________________________________________________

Reasons:

________________________________________________________________________

Notice sent to applicant on ___________