

If returning by mail, please mail to:

Selinsgrove Borough
1 N. High Street
Selinsgrove, PA 17870

Date _____

Fee _____

Date Paid _____

Parcel Number _____

Please call (570) 374-2311 for more information

Application for Zoning Permit Selinsgrove Borough

Permit No. _____

I. This is to certify that:

A. Name of property or business owner _____

B. Name of applicant if other than owner _____

C. Address for which permit is being issued _____

D. Contact information:

Phone Number _____

Address (if different than above) _____

Email Address _____

has applied for a Zoning Permit to:

Verify Zoning Compliance Erect/Establish New Alter/Change/Replace

Principal Structure/Use Residential Non-Residential

Accessory Non-Conforming Temporary (30 days or less)

Location _____

Zoning District _____

Estimated Starting Date _____

Approximate Construction Cost \$ _____

Attached Contractor's Cost Estimate _____

Project _____

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 Floodway

Located in 100-year Floodplain with Base Flood Elevations (Zone AE)

Located in 100-year Floodplain without Base Flood Elevations (Zone A)

Located in 500-year Floodplain (Zone X)

Applicant _____

II. Complete the appropriate section(s)

A. Proposed Use

Retail

Professional Service

Restaurant

Residential

Business, Professional or

Government Office

Other _____

B. New Construction

Lot Information

1. Road or street frontage (measured at front building line) _____ feet
2. Proposed building setback from right-of-way _____ feet
3. Side yard setback(s) _____ feet _____ feet
4. Rear yard setback _____ feet
5. Width of the lot _____ feet
6. Length of the lot _____ feet
7. Area of the lot _____ feet

Structure Information

1. Proposed Structure

- a. Width _____ feet x depth _____ feet
- b. Height _____ feet
- c. Number of stories _____ Basement Yes No
- d. Contractor Name _____
Address _____
Phone Number _____

2. Existing Structure(s)

- a. Width _____ feet x depth _____ feet

C. Off Street Parking

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

Parking Spaces: Existing 9' by 17' _____
Proposed standard 9' by 17' _____

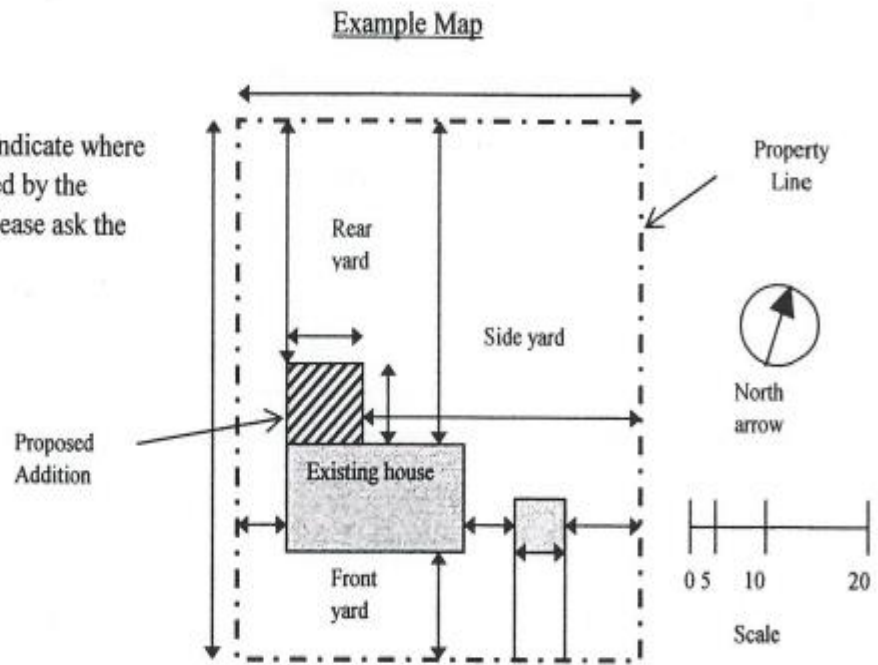
Driveway(s): Existing width _____ ft. Existing length _____ ft.
Proposed width _____ ft. Proposed length _____ ft.

Loading/Unloading space, Commercial: Existing length _____ ft. width _____ ft.
Proposed length _____ ft. width _____ ft.

Complete item III on the next page (page 3).

III. Attach a scaled drawing showing all existing structures, proposed construction, and relation to all existing roads public/private. Show all setbacks and all existing boundary lines.

**Double ended arrows (\longleftrightarrow) indicate where a setback (in feet) should be included by the owner. If there are any questions, please ask the issuing zoning officer.



IV. Certifications (must be completed by owner before permits will be issued):

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 (below) 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)

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.ckcog.com
3. A copy of the Building Permit Occupancy Certificate, obtained upon the completion of the Building Permit process with the CKCOG, is to be submitted to the Borough of Selinsgrove.
4. The Applicant must notify the Borough of Selinsgrove Zoning Office upon the completion of the project and prior to the occupancy of the premises.

V. Application Review Record – For Office Use Only:

Tax Parcel Number _____

A. Use

- Meets: 1. District Requirements _____
- 2. Number of Parking Spots _____

B. New Construction

- Meets: 1. Setback Requirements _____
- 2. Building Coverage Limit _____ %
- 3. Impervious Coverage Limit _____ %
- 4. Floodplain Requirements (if applicable) _____
- 5. PennDOT Access approval (if required) _____ Date: _____

Notes pertaining to review _____

Zoning Application Approved on _____ by _____

Conditions of Approval _____

Notice sent to Applicant on _____

Zoning Application Disapproved on _____ by _____

Reason for Disapproval _____

Notice sent to Applicant on _____