

Stonelick Township
APPLICATION FOR ZONING PERMIT
Lee Ottaway – Zoning Inspector – Home-732-0273
Office Phone: 732-3299 Fax: 732-3298

Check# _____ Cash _____
Amount Received \$ _____
Permit SZP# _____
Date Issued: _____
Mail: _____ Pick Up _____

All documents attached to application remain the property of Stonelick Township
Checks should be mail payable to Stonelick Township

Applicant Name: _____ Parcel No.: _____

Applicant Address: _____ City, State Zip: _____

Property Owner: _____ Daytime Telephone: _____

Single Family Residence Detached Garage/Pole Barn Attached Garage Additions Swim Pools
 Accessory Building Under 120 sq.ft. Accessory Building Over 120 sq.ft. Mobile Home Conditional Use
 Commercial Building Other

Intended Use of Building, structure or parcel of land: _____ Approx Cost: _____

Size of Lot: _____ Acres Present Use of Land: _____

Floor area of proposed building: _____ Number of stories _____ Height of building _____

Setbacks for all construction (**Must be completed**)

Front from right of way _____ ft. Rear Yard: _____ ft.

Right Side of Yard: _____ ft. Left Side of Yard: _____ ft.

This application for a zoning certificate submitte to the Zoning Inspector includes a plat to the lot to be developed, with dimensions, lot number and evidence that lot has been surveyed and property located, and a site plan drawn to scale showing the location of proposed and existing buildings, driveways and parking areas indicating the number of parking spaces and proposed finished grades.

SIGNATURE OF APPLICANT: _____ DATE: _____

(Do not write below this line)

Application Authorized _____ Permit Denied _____ Not in conformance with the following provision (s) to the Stonelick Township Zoning Resolution _____

Reason: _____

Date: _____ Signed: _____ Zoning Inspector

SENT TO STONELICK TWP BOARD OF APPEAL: DATE: _____ CASE # _____

Signed: _____ --