

Stonelick Township

Application for Zoning
Permit

Lee Ottaway, Zoning Inspector
Call: 732-0273

Check# _____ Cash Re'd _____
Amt Rec'd: \$ _____
Permit# SZP # _____
Date Issued: _____
Mail: _____ Pickup _____

All documents attached to application remain the property of Stonelick Township.
Make Checks Payable to: Stonelick Township

____ Single Family New home ____ Shed/Garage/Barn/Access Building ____ Under 120 Sqft ____ Over 120 Sqft
____ Room Addition ____ Swim Pool ____ Mobile Home ____ Conditional Use

Applicant/Builder's Name: _____ Contact/ Builder's Phone No. _____

Property Owner: _____ Parcel No.: _____

Property Address: _____

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

Size of Lot _____ Acres Present Use of Land: _____

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

SETBACKS:

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

Right side from right of way _____ ft. Left Side from right of way _____ ft.

This application for a zoning certificate 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 space)

Permit 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 Board of Appeals on Date: _____ Case No. _____

Signed _____