

Washington Township, Dauphin County

185 Manors Road, Elizabethville, PA 17023 Phone: 717-362-3191 Fax: 717-362-4110 Email: washingtontownship@wtwp.org

Zoning Permit Application

Application is hereby made for a permit to erect or alter a structure which shall be located as shown on the diagram and/or to use the premises for the purpose described herewith. The information which follows, together with location diagram, is made part of this application by the undersigned. It is understood and agreed by this applicant that any error, misstatement or misrepresentation of material fact, either with or without intention on the part of this applicant, such as might or would operate to cause a refusal of this application, or any change in the location, size or use of structure or land made subsequent to the issuance of this permit, without the approval of the zoning office, shall constitute sufficient ground for the revocation of this permit.

Section A: Applicant/Landowner Information:

Name of Applicant	Street Address	City	State	Zip	
Name of Applicant		,	Sidie		
Name of Landowner	Street Address	City	State	Zip	
Applicant's Phone Numbe <u>r:</u>	Land Owner's Phone Number:				
Section B: Property Information	(property corners must be marked with flags).				
Zoning District:	Tax Map & Parcel Numl	ber <u>:</u>			
Property Location:					
Section C: Present Use Vacant Single Family Dwelling Multi-Family Dwelling Commercial Industrial Agricultural Mining Other (describe "other" use:)					
Section D: Proposed Use of Structure and/or Land: Addition Accessory Structure Agricultural Commercial Garage - Private I Industrial Mining Multi-Family Dwelling (includes appartments) (total number of units:)					
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	e Porch or Patio Sign Structure Other describe "other" use:	Single Fami	ly Dwelling		

Section E: Location /Construction Diagram - (must be completed or permit will not be issued):

Diagram is: Attached Drawn Below

Diagram is to show: 1. All lot line and dimensions. 2. All streets, road, and alleys bounding property. 3. Dimensions of all PROPOSED structures and additions. 4. Distances from building to lot lines and to other building. 5. If property has been surveyed, state name of surveyor ______ /contractor ______ /contractor

. 7. Number of off street parking spaces available_

Section F: Applicants Signature:				
make the foregoing application and that, before I accept any permit for	correct to the best of my knowledge and belief. I further certify that I am authorized by the owner to or which this application is made, the owner shall be made aware of all the conditions of the permit. I ent herein I am subject to such penalties as may be prescribed by law or ordinance."			
Applicant's Signature:	Date Applied For:			
This permit applies to Zoning Only, and SHALL NOT relieve the applicant from obtaining such other permits as may be required by law.				
Office Use Only Date Application Received: Zoning Officer will act on this applicaton within 30 days from this date.				
Application Approved: Yes □ No □ Reason for Denial or Special Conditions:	Date: Zoning Officer			
Date Permit Issued: Permit I Original:	Number: Permit Fee: Township Duplicate: Applicant			