

APPLICATION FOR ZONING PERMIT

Patrick McGuire, Zoning Officer • 3cityhealth@gmail.com

Send zoning permits to Greene Township with payment, PO Box 181, Hookstown, PA 15050

| \$100 | USE BY RIGHT | Date of Application: | | | | |
|---|--|----------------------|--|--|--|--|
| Includes new structures, additions, alterations, change in use of structure or land, moving of a structure into or from | | | | | | |
| | another district, demolitions, new business (both business use and structure require separate permitting), signs, cell tower | | | | | |
| | upgrades, commercial structure, pole building, garage, pools, solar accessory, principal solar energy structure, etc. No | | | | | |
| permit s | permit shall be required for a residential accessory structure that has up to and including 150 square feet of floor area. Payment Type: | | | | | |
| \$1000 | CONDITIONAL USE, SPECIAL EXCEPTION, ZONING HEARING | | | | | |
| | Applicant completes this app in addition to the proper hearing application | | | | | |
| \$65 | RENEWAL OF AUTOMOTIVE INSPECTION STATION | | | | | |
| \$50 | RENEWAL OF CAMPGROUND Charge is for each lot. A \$35 admin fee also applies. | Initials: | | | | |
| | | | | | | |

Any fees incurred from either professional reviews or special circumstances, above the amount collected today, will be billed to the applicant.

| PROPERTY | Parcel Number | | | | |
|-----------|--|--|--|--|--|
| | Location of Property | | | | |
| | Zoning District (click) | Municipality | | | |
| | Property Owner | | | | |
| | Address | City, State Zip | | | |
| | Telephone | Cell carrier for texts | | | |
| | Email | | | | |
| APPLICANT | Business Name or individual name: | | | | |
| | Address | City, State Zip | | | |
| | Telephone | Cell carrier for texts | | | |
| 1 | Email | | | | |
| | New One Family Dwe | | | | |
| | Multi Family Dwelling | | | | |
| ш | New Accessory Struc | | | | |
| USE | Square Footage | Approx Cost of Work \$ | | | |
| | A survey or sketch of the property IS ATTACHED showing the proposed location with distance to property boundaries. I have included 2 copies of a layout or plot plan drawn to scale showing (a) the actual dimensions of the lot to be built upon (b) exact size, location and height of the building on the lot and (c) all accessory buildings to be erected Other information may be requested by the township zoning officer for enforcement of the zoning ordinance(s). | | | | |
| R | Septic Permit Number and Date issued: | | | | |
| OTHER | Driveway location is off o | A Township Road (requires municipal approval) f: A State Road (requires PennDot approval) | | | |

I hereby certify that the above information is true and correct. I hereby agree that all applicable provisions of Greene Township's codes shall be complied with as well as the requirements of the municipal sewer and water authority whether specified or not.

| PROPERTY OWNER SIGNATURE | REQUIRED Print | t Name | Date |
|--------------------------|-------------------------|--------------------|-----------------------------|
| Building Permit Required | | | FOR ZONING OFFICER USE ONLY |
| Setbacks Reviewed | Permit expires 1 year a | fter date of issue | |
| Floodplain Compliance | Permit # | Date | ZO Signature |
| Approved Denied | | | x |

