

If returning by mail, please mail to:

Selinsgrove Borough
1 N. High Street
Selinsgrove, PA 17870

Date _____

Fee _____

Date Paid _____

Parcel Number _____

Zoning District _____

Please call (570) 374-2311 for more information

Application for Zoning Permit Selinsgrove Borough

Permit No. _____

Project _____

Applicant _____

I. This is to certify that (all fields required):

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 _____

Mailing Address (if different than above) _____

Email Address _____

has applied for a Zoning Permit to (must select at least one from each section):

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

Principal Structure/Use Residential Non-Residential

Accessory Structure/Use Non-Conforming Temporary (30 days or less)

Project Details (all fields required):

Location on property _____

Estimated Starting Date _____

Approximate Construction Cost _____

Attached Contractor's Cost Estimate (floodplain only) _____

Description of Project _____

If located within or adjacent to Identified Floodplain Areas:

For a building, structure, or use located within or adjacent to Flood Plain Districts identified by FEMA, check all that apply*:

Located in Floodway

Located in 1% Annual Chance Floodplain with Base Flood Elevations – Zone AE (100-year)

Located in 1% Annual Chance Floodplain without Base Flood Elevation – Zone A (100-year)

Located in 0.2% Annual Chance Floodplain – Zone X (500-year)

* designations within parentheses are terms found to be misleading.

II. Proposed Use (must select one):

- Retail
- Professional Service
- Restaurant
- Residential (Owner-occupied)
- Home-Based Business
- Business, Professional, or Government Office
- Fence
- Residential (Rental Unit)
- Other

III. Lot Information (all fields required):

- 1. Road or street frontage (width at front building line) _____ feet
- 2. Width of lot _____ feet
- 3. Length of lot _____ feet
- 4. Area of lot _____ square feet

IV. Existing Structures (includes principal structure and all outbuildings and carports):

- 1. Width _____ feet
- Depth _____ feet
- Area _____ square feet

- 2. Width _____ feet
- Depth _____ feet
- Area _____ square feet

- 3. Width _____ feet
- Depth _____ feet
- Area _____ square feet

V. Proposed Structure Information (all fields required):

- 1. Proposed building setback from right-of-way _____ feet
- 2. Side yard setback 1 _____ feet
- 3. Side yard setback 2 _____ feet
- 4. Rear yard setback _____ feet
- 5. Width of structure _____ feet
- 6. Depth of structure _____ feet
- 7. Height of structure _____ feet
- 8. Number of stories _____
- 9. Area of structure _____ square feet
- Basement Yes No
- 10. Contractor Name _____
- Address _____
- Phone Number _____
- Email Address _____

VI. Off Street Parking (choose applicable):

- Proposed number of employees on largest shift: _____
- Proposed floor area open to customers: _____ square feet
- Proposed number of seats: _____
- Proposed number of beds: _____
- Proposed number of dwelling units: _____

Parking Spaces:

Number of existing 9' x 17': _____

Number of existing handicap: _____

Number of proposed 9' x 17': _____

Number of proposed handicap: _____

Driveways:

Existing: Length: _____ Feet Width: _____ Feet

Proposed: Length: _____ Feet Width: _____ Feet

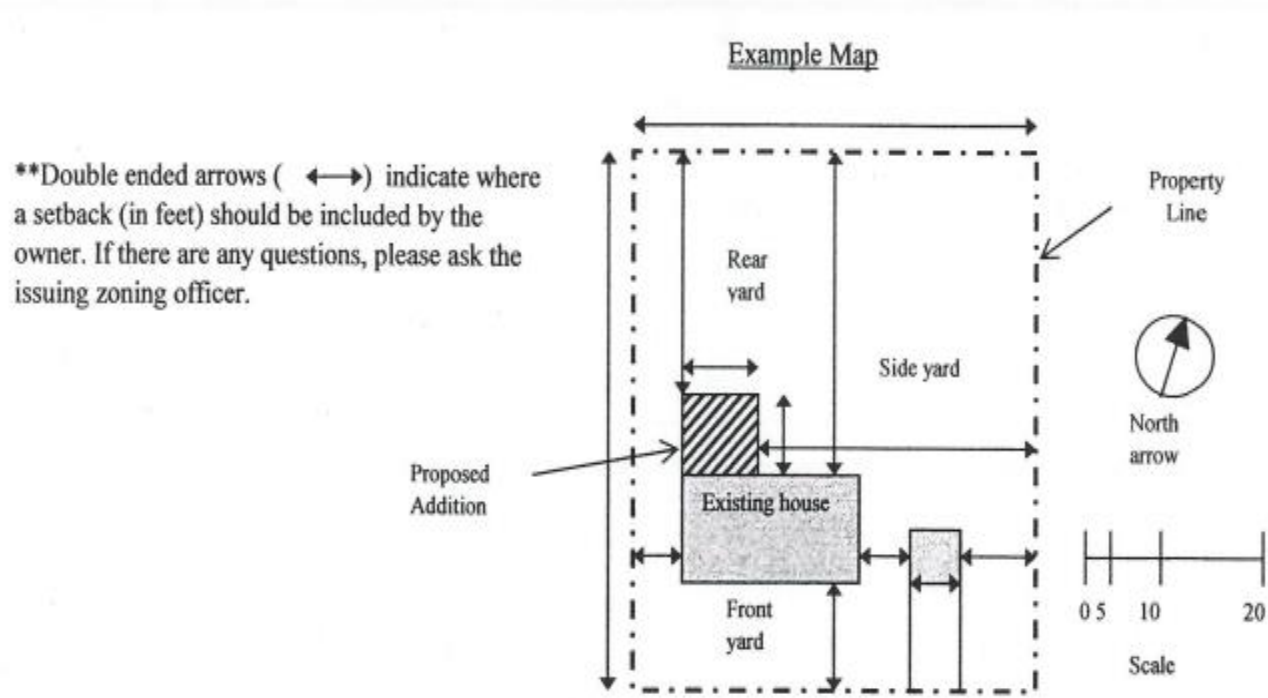
Loading/Unloading Space, Commercial:

Existing: Length: _____ Feet Width: _____ Feet

Proposed: Length: _____ Feet Width: _____ Feet

VII. Plan Drawing

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.



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

The Borough of Selinsgrove reserves the right to hold, disapprove, or revoke permits for outstanding compliance issues. Additionally, review of any application for a zoning permit may take up to thirty (30) days from the date on which all required materials are received, *including payment of the fee for the permit*. If additional documentation is required by the zoning officer, the thirty (30) days will restart upon receipt of those materials. Permits are reviewed in the order they are received.

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 §27-1601 and §27-1603 pertaining to Zoning and Occupancy Permits of the Code of the Borough of Selinsgrove. Failure to comply with these regulations and procedures will result in revocation of the permit.

If the application for permit is approved, applicant will receive a placard which must be placed in a visible location on the property for the entire duration of the project. Work must begin within six months of the date of the permit and must be completed within one year.

(Applicant's signature)

(Date)

Procedure to Complete Zoning Permit Application Process

1. A copy of this application and placard 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.**

IX. Application Review Record – For Office Use Only:

Tax Parcel Number _____

Zoning District _____

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 _____