

**FOSTER TOWNSHIP
ZONING PERMIT APPLICATION**

Application No. _____

1. APPLICANT:

Name: _____

Address: _____

Contact Number: (_____) _____ - _____

Applicant's Interest in Property (check whichever is applicable):

- Record Owner
- Tenant
- Option Holder
- Buyer Under Agreement of Sale
- Other _____

2. OWNER OF PROPERTY (if different than applicant):

Name: _____

Address: _____

Contact Number: (_____) _____ - _____

3. PROPERTY INFORMATION:

Address: _____

Location: _____

Deed Book: _____ Page: _____ Property Identification No. _____

Zoning District: _____

4. CONTRACTOR INFORMATION (if different than owner):

Contractor's Name: _____

Address: _____

Contact Number: (_____) _____ - _____

Insurance Information:

- Proof of worker's compensation insurance is attached.
- Notarized affidavit verifying no employees is attached.
- Proof of general liability insurance is attached.

Pennsylvania Contractor Registration No. _____

5. PRESENT USE OF PROPERTY (check whichever is applicable):

- Vacant Land Agricultural
- Single-Family Dwelling Two-family Dwelling Multi-family Dwelling
- Commercial Industrial Other _____

6. APPLICATION IS MADE TO (check whichever is applicable):

Type of Work	Type of Structure	Type of Use
<input type="checkbox"/> New Structure	<input type="checkbox"/> Single-family Dwelling	<input type="checkbox"/> Residential
<input type="checkbox"/> Addition	<input type="checkbox"/> Two-family Dwelling	<input type="checkbox"/> Commercial
<input type="checkbox"/> Repair/Alteration/Change	<input type="checkbox"/> Multi-family Dwelling	<input type="checkbox"/> Industrial
<input type="checkbox"/> Demolition	<input type="checkbox"/> Manufactured Home	<input type="checkbox"/> Agricultural
<input type="checkbox"/> Other _____	<input type="checkbox"/> Accessory Structure <input type="checkbox"/> Fence <input type="checkbox"/> Sign <input type="checkbox"/> Shed <input type="checkbox"/> Swimming Pool <input type="checkbox"/> Garage <input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
	<input type="checkbox"/> Non-residential Building	
	<input type="checkbox"/> Other _____	

7. DESCRIPTION OF PROPOSED WORK: _____

8. THE FOLLOWING ZONING INFORMATION MUST BE COMPLETED:

	Existing	Proposed
Zoning District		
Lot Size (square feet)		
Lot Width (feet)		
Lot Depth (feet)		
Building Setback (feet and inches)		
Front Yard		
Rear Yard		
Side Yard (left side from front)		
Side Yard (right side from front)		
Building Height (feet)		
Number of off-street parking spaces		
Lot Coverage (percentage)		

9. IF APPLICATION IS MADE FOR USE OF PROPERTY WITHOUT A NEW STRUCTURE (check whichever is applicable):

- Use of structure that has been altered, enlarged or moved
- Use of vacant land
- Change in use of land
- Change in use of building or structure

10. TYPE OF SEWER (attach a copy of the permit or approval, if applicable):

- On-Lot
- Central Sewage
- Other: _____

11. STORMWATER MANAGEMENT (attach plan approval, if applicable):

Total area in square feet for new construction and impervious surface: _____

12. IS THE PROPERTY LOCATED IN A FLOODPLAIN, FLOODWAY, FLOODPLAIN FRINGE, OR FLOOD PRONE AREA: _____ YES _____ NO

13. DATE WORK IS TO START: _____
DATE WORK IS TO BE COMPLETED: _____

14. COST OF WORK: \$ _____

15. A SITE PLAN OR SKETCH PLAN DRAWN TO SCALE THAT INCLUDES THE FOLLOWING INFORMATION MUST ACCOMPANY THIS APPLICATION WHEN DEEMED NECESSARY BY THE ZONING OFFICER:

- (1) The exact size and location of existing and proposed structures on lot, including distances from structures to lot lines and other structures.
- (2) The number and type of structures on the lot.
- (3) The number and location of parking and loading spaces, if applicable.
- (4) The existing and proposed use of the lot.
- (5) The height of proposed structures.
- (6) The size and location of the lot and building setback lines and dimensions.
- (7) All streets and alleys bounding the lot.
- (8) All existing and proposed utilities, access drives, and easement, if any.

By signing below, the applicant and owner verify that the information contained in this application and the documents attached are true and correct to the best of his/her/their knowledge, information and belief. The applicant and owner understand that false statements made herein are subject to penalties of 18 Pa. C.S.A. Section 4904 relating to unsworn falsification to authorities. If the application is not signed by the owner, the applicant certifies that the applicant is authorized by the owner to make this application and the applicant agreed to inform the owner of the approval (with conditions if any) or denial of the application.

SIGNATURE OF APPLICANT

DATE

IF THE APPLICANT IS NOT THE OWNER, THE OWNER MUST SIGN THIS APPLICATION OR IT WILL BE DEEMED INCOMPLETE AND RETURN TO THE APPLICANT.

SIGNATURE OF OWNER

DATE

OFFICIAL USE ONLY

Date Received: _____ Fee Paid: _____ Permit No. _____

APPROVED DENIED Date: _____

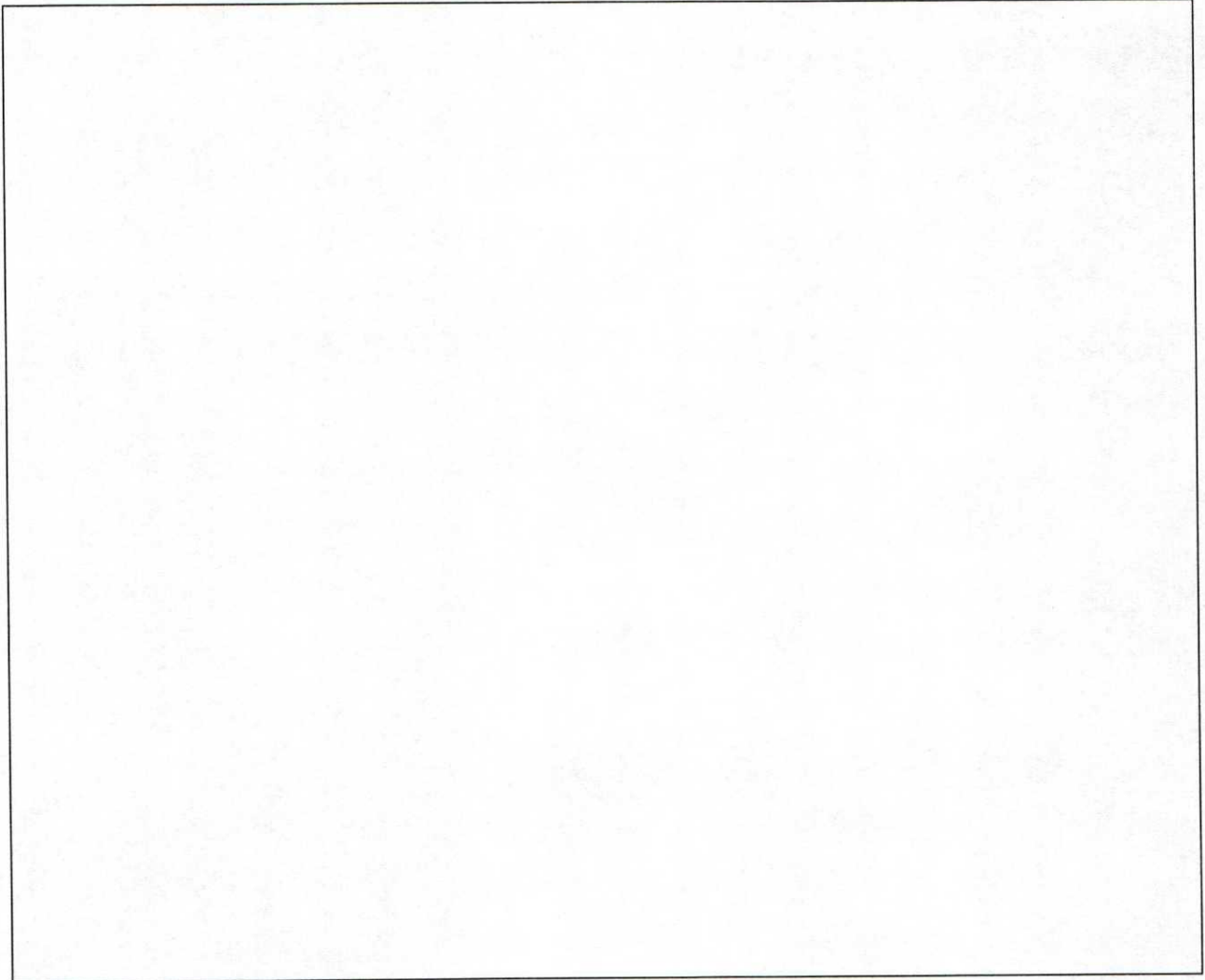
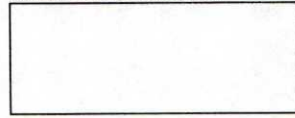
IF APPROVED, THE APPROVAL IS SUBJECT TO THE FOLLOWING CONDITIONS:

IF DENIED, THE REASONS FOR DENIAL ARE AS FOLLOWS (ATTACH A COPY OF THE DENIAL LETTER TO THIS APPLICATION):

ZONING OFFICER

SKETCH PLAN

Indicate North



I will have the structure built and located in accordance with the dimensions indicated above.

Date: _____

Signature of Applicant