

# ZONING PERMIT & APPLICATION – COVINGTON TOWNSHIP

20 Moffat Drive, Covington Township, PA 18444  
 Telephone: (570) 842-0457 Fax: (570) 842-2144

<b>DATE OF APPLICATION:</b>	<b>APPLICATION NUMBER – -</b>
<b>NAME OF APPLICANT:</b>	<b>WHAT IS PRESENT USE:</b> (State in detail)
<b>NAME OF PERSON COMPLETING APPLICATION:</b> (If applicant is not owner of property, attach authority to make application)	
<b>ADDRESS OF APPLICANT:</b>	<b>WHAT IS PROPOSED USE:</b> (State in detail)
<b>HOME PHONE NUMBER:</b> ( )	<b>FEE:</b> \$ _____ <input type="checkbox"/> CASH <input type="checkbox"/> CHECK # _____
<b>WORK PHONE NUMBER:</b> ( )	<input type="checkbox"/> <b>SEWAGE PERMIT ISSUED AND ATTACHED</b>
<b>LOCATION OF PROPERTY:</b> (Street address):	<b>APPLICATION FOR A STRUCTURE:</b> (Check all that apply)
TAX MAP PARCEL #: _____	<input type="checkbox"/> PRINCIPAL STRUCTURE
ZONING DISTRICT: _____	<input type="checkbox"/> ACCESSORY STRUCTURE
LOT DEPTH: _____ FT LOT WIDTH: _____ FT	<input type="checkbox"/> ADDITION OR RENOVATION
LOT AREA: _____ ( ) SQ FT ( ) ACRES	<input type="checkbox"/> POOL, FENCE OR SATELLITE DISH
<b>APPLICATION FOR USE:</b> (Check all that apply)	<input type="checkbox"/> STORMWATER MANAGEMENT STRUCTURE
<input type="checkbox"/> NEW PRINCIPAL PERMITTED USE	STATE TYPE OF FOUNDATION: _____
<input type="checkbox"/> CHANGE/EXPANSION OF USE	<b>SETBACKS:</b>
<input type="checkbox"/> NEW/CHANGE IN ACCESSORY USE	FRONT YARD: _____ FT
<input type="checkbox"/> CHANGE OF OCCUPANCY	REAR YARD: _____ FT
<input type="checkbox"/> CURRENT USE IS NON-CONFORMING	SIDE YARD (Left): _____ FT
<input type="checkbox"/> CONDITIONAL USE	SIDE YARD (Right): _____ FT
<input type="checkbox"/> SPECIAL EXCEPTION	HEIGHT OF STRUCTURE: _____ FT
<input type="checkbox"/> TEMPORARY USE	LOT COVERAGE AFTER STRUCTURE BUILT _____%
<input type="checkbox"/> STORM WATER MANAGEMENT USE	IS LOT A STEEP SLOPE OR A WETLAND LOT: YES <input type="checkbox"/> NO <input type="checkbox"/>
<b>ACTION OF ZONING OFFICER:</b> <i>Township Use Only</i>	<b>OTHER DOCUMENTATION:</b>
<input type="checkbox"/> APPROVED – THIS IS YOUR ZONING PERMIT	<input type="checkbox"/> PLOT PLAN IS ATTACHED SHOWING ALL BUILDINGS, USES, LOT LINES, SETBACKS AND DISTANCES.
<input type="checkbox"/> REFERRED TO PLANNING COMMISSION	<input type="checkbox"/> DOCUMENTATION ATTACHED IN ACCORD WITH ZONING ORDINANCE FOR CONDITIONAL USE OR SPECIAL EXCEPTION.
<input type="checkbox"/> REFERRED TO ZONING HEARING BOARD	<i>APPLICATION IS HEREBY MADE FOR THE ABOVE USE/STRUCTURE IN ACCORD WITH THE COVINGTON TOWNSHIP ZONING ORDINANCE. FALSE STATEMENTS ARE SUBJECT TO PENALTY OF 18 PA. C.S. SEC. 4904.</i>
<input type="checkbox"/> DENIED – REASON:	<b>SIGNATURE OF APPLICANT:</b>
<b>DATE OF ACTION:</b>	
<b>ZONING OFFICER SIGNATURE:</b>	