

ZONING PERMIT APPLICATION-COVINGTON TOWNSHIP

LACKAWANNA COUNTY, PENNSYLVANIA

20 Moffat Drive, Covington Township, PA 18444

Telephone: (570) 403-2328 Fax: (570) 842-2144 Email: zoning@covingtontwp.org

DATE OF APPLICATION: _____		APPLICATION NUMBER: _____	
PROPERTY AND LANDOWNER INFORMATION: Property Address and Location: _____ Deed Owner and Address: _____ Contact Number(s): (_____) _____ - _____ / (_____) _____ - _____ Deed Book: _____ Page: _____ Tax Parcel No. _____ Zoning District: _____ Lot Size: Width/Frontage: _____ Total Square Feet: _____ Acres: _____ +/- Corner Lot: <input type="checkbox"/> Yes <input type="checkbox"/> No Wetlands: <input type="checkbox"/> Yes <input type="checkbox"/> No Steep Slopes: <input type="checkbox"/> Yes <input type="checkbox"/> No Floodplain/Floodway: <input type="checkbox"/> Yes <input type="checkbox"/> No			
APPLICANT INFORMATION, IF DIFFERENT THAN LANDOWNER: Applicant's Name and Address: _____ Contact Number(s): (_____) _____ - _____ / (_____) _____ - _____ Interest in Property (check which one applies): <input type="checkbox"/> Record Owner <input type="checkbox"/> Tenant <input type="checkbox"/> Option Holder <input type="checkbox"/> Purchaser Under Agreement of Sale <input type="checkbox"/> Other _____ Attach a copy of the deed, survey (if there is one), and other documents checked above.			
CONTRACTOR INFORMATION, IF OTHER THAN LANDOWNER: Contractor's Name and Address: _____ Contact Number(s): (_____) _____ - _____ / (_____) _____ - _____ PA Home Improvement Contractor #: _____ Insurance Information (check and attach the following to the application): <input type="checkbox"/> Proof of worker's compensation insurance. <input type="checkbox"/> Notarized affidavit verifying no employees. <input type="checkbox"/> Proof of general liability insurance. Attach a copy of the documents checked above.			
PRESENT USE (Describe in detail): _____ _____ _____ _____ _____ Type of Existing Use (check whichever applies): <input type="checkbox"/> Vacant Land <input type="checkbox"/> Agricultural <input type="checkbox"/> Recreational <input type="checkbox"/> Single-Family Dwelling <input type="checkbox"/> Two-family Dwelling <input type="checkbox"/> Multi-family Dwelling <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Other (describe) _____		PROPOSED USE (Describe in detail): _____ _____ _____ _____ _____ Type of Proposed Use (check whichever applies): <input type="checkbox"/> Principal Structure <input type="checkbox"/> Accessory Structure <input type="checkbox"/> Addition/Expansion <input type="checkbox"/> Stormwater Management <input type="checkbox"/> Repair/Alteration <input type="checkbox"/> Fence <input type="checkbox"/> Change of Use <input type="checkbox"/> Temporary Use Other (describe) _____	
ZONING INFORMATION: Building Setbacks (feet and inches): Front Yard: _____ (Street Name: _____) If a corner lot: 2 nd Front Yard: _____ (Street Name: _____) Rear Yard: _____ Side Yard (left side from main front): _____ Side Yard (right side from main front): _____		Building or Structure Height: _____ Lot Coverage after construction: _____ % Number of off-street parking spaces Existing: _____ Proposed: _____	

Construction Information:

Type of sewer: On-site Public sewer

Attach a copy of the permit or approval.

Check whichever of the following are applicable:

- Stormwater Plan
- Highway Occupancy Permit
- Land Development or Subdivision
- Building Permit

If not yet obtained, the box checked above shall be a condition of the issuance of a zoning permit and no work shall commence until all approvals or permits have been obtained.

Start Date: _____ Completion Date: _____

Construction Costs: \$ _____

Plot Sketch:

A plot sketch in duplicate, shall be drawn and attached to this application to show the actual shape and dimensions of the lot to be built upon, the exact size and location of any buildings or structures existing on the lot, the lines within which the proposed building or structure shall be erected or altered, the existing and intended use of each building or part of building, the number of families or dwelling units the building is designed to accommodate, all streets bounding the lot, all existing and proposed utilities, access drives, and easements, if any, and all other information contained in this zoning permit application.

PLOT SKETCH

Indicate North



By signing below, the applicant and landowner understand, agree, and represent that:

1. This application is being made for a permit to use land or a structure, or construct, alter, or demolish a structure in the location shown on the plot sketch. The plot sketch is considered part of this application. Any error, misstatement or misrepresentation of material fact in this application or the location, size or use of land or structure, whether intentional or not, that, if known by the zoning officer at the time of issuance of the zoning permit would result in denial of the application, shall constitute a reason for the issuance of a stop work order and revocation of the zoning permit. Under these circumstances, any work performed prior to the stop work order or revocation of the zoning permit is at the applicant's and/or landowner's own risk.
2. The applicant and landowner verify that the information contained in this zoning permit application and the documents attached to the application are true and correct to the best of his/her/their knowledge, information and belief. The applicant and landowner understand that false statements made in the zoning permit application are subject to penalties of 18 Pa. C.S.A. Section 4904 relating to unsworn falsification to authorities.
3. The applicant must sign this application. This application must also be signed by the landowner, if the landowner is not the applicant. If there is more than one landowner, then each owner must sign this application.

SIGNATURE OF APPLICANT

DATE

SIGNATURE OF LANDOWNER

DATE

OFFICIAL USE ONLY

Date Received: _____ Fee Paid: _____

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