APPLICATION FOR ZONING PERMIT
YORK TOWNSHIP

Date: ________________ Application No: _________________

The undersigned applies for a zoning permit for the following use, said permit to be issued on the basis of the information contained within this application. The applicant hereby certifies that all information and attachments to this application are true and correct. The applicant is required, in addition to the information requested on this form to submit a separate plot plan drawn to scale, showing the actual dimensions and shape of the lot, exact sizes and locations of existing building on the lot, and the location and dimensions of the proposed buildings or additions.

(Check appropriate spaces)

RESIDENTIAL ______________ COMMERCIAL _______________ INDUSTRIAL _______________

Name of owner: _____________________________ Builder: ______________________________

Mailing address: _________________________ Property address: _________________________

Phone # (home): ____________________________ (business): ___________________________

Existing use: ____

Property presently zoned as: ____

Proposed Use:

New Construction _______________ Addition _______________ Remodeling _____________

Accessory Bldg. _______________ Residence ______________ Storage Barn ______________

Sign _______________ Size ________________ Commercial _________ Industrial _________

Other (explain) ______________________________ Pond _______________________________

Square feet: Living Area (residences) 1st floor ___________________ 2nd floor ______________

Basement _________ Garage _________ Accessory bldg. height __________ Size ___________

Commercial __________ Industrial __________ Bldg. height: stories _________ feet _________

(If proposed use is commercial or industrial, enclose a detailed description of the nature of the operation.)

Lot Width: _______________ Lot Depth: _______________ Lot Area (acres) ________________

Setback from main road or street: __________________ Rear yard clearance: ______________

Width at building line: _____________________ Side yard clearances: ______________________

Number of off street parking places to be provided: _____________________________________

Number of off street loading berths to be provided: _____________________________________

On a separate sheet attach a list of other supplemental requirements or conditions that will be met, or explain any points you feel need clarification.

This permit will be VOID if work is not started within 6 months from approval.

Fees: Base Fee ______________________
.05 per sq. ft
(width x length) ______________________

Total ________________________________

Applicant ___________________________

Inspector ___________________________

Date ________________________________

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Approved _________________ Denied ___________________ District _____________________

Reason ____

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