 **ZONING/LAND USE PERMIT APPLICATION**

PO BOX 11, 11 High Mountain Road

Walnut Bottom, PA 17266

(717) 530-7626 PERMIT #:

sntwp@kuhncom.net *(Official Use)*

[www.southnewtontownship.net](http://www.southnewtontownship.net)

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*Instructions: Please complete all portions of this application and attach the required information for your request. Return the application along with the required information to: SOUTH NEWTON TOWNSHIP, PO BOX 11, WALNUT BOTTOM, PA 17266. Your application may be mailed or dropped off at the township office (if the office is closed, you may place your packet in the drop box located outside the office building). Any questions may be directed to the township by calling:*

*717-530-7626 (office), 717-360-4780 (township secretary) or 717-440-5441 (zoning/code officer).*

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1. Name of Applicant:

Address:

Phone #:

Email: Tax Parcel #:

1. Name of Landowner (if different than #1):

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1. Property subject to this request (if different than above):
	1. Book #: Page #: *(Please provide a copy of your deed)*
2. Property is located in: € Residential € Agricultural € Commercial € Conservation *(Zoning map on our website)*
3. Total Lot Area: Lot Width: Lot Depth:
4. Existing use of land and/or building is:
5. The applicant requests a building permit for the property above for (Description of project):

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1. Name & Address of Contractor:
2. Proposed Work: € Residence € Agricultural € Commercial € Addition € Alteration € Repair € Replacement
3. Maximum height of building: # of Stories:
4. Type of Construction: € Stone € Brick € Frame € Stucco € Concrete € Metal € Other (check all that apply)
5. Value of completed building improvement: $ Estimated Date of Completion:
6. Lot Coverage (All impervious surfaces): sq. ft. % of Lot Area
7. **Setbacks** (proposed) – See our Zoning Ordinance for required setbacks (available on our website)
	1. Front: b. Side (left): c. Side Yard (right): d. Rear:
8. Road Occupancy: € Existing driveway € Proposed New € Commercial-# of parking spaces:

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Must Provide the Following Information along with the Building Permit Application:

1. Workers Compensation Certification
2. Proposed Site Plan (must be completed by a registered professional surveyor or similar- for new construction only). Site Plan must show all listed under (c).

c) GIS Map from Cumberland County “Property Mapper” Proposed location of construction

* + Setbacks (front, back & sides)
	+ Location of Well
	+ Location of Septic System
	+ Stormwater requirements (if applicable)
	+ All existing structures and outbuildings
	+ Location of Driveway(s)
	+ Width & Length of lot area
	+ Length, Width of proposed building
	+ Landscaping (if new)
	+ Signs (if applicable)
1. Stormwater, Water/Well, Sewage Reports (if applicable)

*\*Township may require additional information to process your permit*

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I, hereby certify that the information submitted in accordance with this application is correct. I further agree to pay for those costs outlined and that all applicable zoning requirements will be met. I also understand that I must get a USE & OCCUPANCY PERMIT for the Middle Department Inspection Agency (if applicable) and a CERTIFICATE OF OCCUPANCY form the Township before I occupy or use this project.

*Printed Name Signature Date*

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DISCLAIMER:

 Township officials do not guarantee in any way, any opinions, as to the location or use of an Applicant’s structure. A Zoning/Building Permit only reflects conformance of the plan, as applied to the zoning laws. The Applicant alone bears the responsibility of insuring his/her structures and uses thereon, do not violate other laws, zoning regulations, or the rights of neighbors and other parties. Applicant acknowledges that he/she has not relied on any oral or written statements of any official of South Newton Township, as to any matters on than zoning.

Applicant: Date: *Please Print Name Signature*

 *TOWNSHIP USE ONLY:*

*SEPTIC PERMIT #: WATER SOURCE: € Well € Public € Cistern*

Type of Septic System:

€ Inground Seepage Bed €Elevated Sand Mound € At-Grade Bed € Trench € Eljen € Privy € Holding Tank

Fees Owed: Date Received: Check #:

*WORKMAN COMPENSATION INSURANCE CERTIFICATE OF EXEMPTION*

Date: Tax Parcel #:

Address:

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I certify that, I, the: Owner € Contractor € Am € Are Not €

required to have Pennsylvania Workman Compensation Insurance as stipulated by PA State Law.

Further, I am the: Legal Owner € and/or Legal Representative €

of this construction project.

Homeowner completing own work €

No hourly employees, sub-contractor will be used in construction €

Religious Exemption €

Worker’s Comp Insurance Certificate attached Yes € No €

*Print Name*

*Signature*

Township Use Only:

Permit #: