

BOROUGH of DANVILLE
ZONING AND CODE ENFORCEMENT OFFICE
463 MILL STREET • DANVILLE, PA 17821
PHONE: (570) 275-2180, EXT. 1 • FAX (570) 275-2656

APPLICATION FOR ZONING PERMIT

Zoning Permit No. _____

I. LOCATION OF BUILDING OR IMPROVEMNT

Number and Street

II. TYPE AND COST OF BUILDING (All applicants complete A-D)

<p>A. Type of Improvement</p> <p>1. <input type="checkbox"/> New Building 5. <input type="checkbox"/> Conversion</p> <p>2. <input type="checkbox"/> Addition 6. <input type="checkbox"/> Signs</p> <p>3. <input type="checkbox"/> Alteration 7. <input type="checkbox"/> Other</p> <p>4. <input type="checkbox"/> Shed</p>	<p>D. Proposed Use (For Construction and/or Demolition, give complete specific details)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>B. Ownership</p> <p>1. <input type="checkbox"/> Private (individual, corporation, nonprofit institution, etc.)</p> <p>2. <input type="checkbox"/> Public (federal state, or local government)</p>	
<p>C. Declared Value (Omit cents)</p> <p>\$ _____</p>	

III. SELECTED CHARACTERISTICS OF BUILDING - For new buildings, additions, and conversions:

<p>A. Dimensions</p> <p>1. Height in Feet _____</p> <p>2. No. of stories _____</p> <p>3. No. of square feet of all floor areas (inc. garage & basement) Based on exterior dimensions _____</p> <p>4. Number of dwelling units _____</p> <p>5. If you are applying for a zoning permit for a commercial or manufacturing use, indicate the number of employees _____</p>	<p>B. Number of off-street parking spaces</p> <p>1. Enclosed _____</p> <p>2. Outdoors _____</p> <p>3. If you are applying for a zoning permit for a commercial or manufacturing use, indicate the number of loading berths _____</p>
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IV. IDENTIFICATION

	Name	Mailing Address (number, street, city, state & zip)	Telephone Number
1. Owner			
2. Contractor			
3. Architect,			

V. AFFIDAVIT

I hereby certify that I am the owner or the authorized agent of the owner in fee of the property upon which the work authorized by the permit sought will be performed. All work will be performed in accordance with all applicable laws of the Commonwealth of Pennsylvania and this jurisdiction.

Signature of owner or authorized agent	Address and Telephone Number	Application Date
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VI. SITE PLAN - Dimension to be filled in by applicant. Please furnish a sketch of proposed sign, repair, alteration, addition, etc. including lot dimension and area. The site plan must be shown on a flat surface showing distances from each side yard, front yard and rear yard.

VII. ZONING PLAN EXAMINER'S NOTES

Zone	Lot Square Footage	Percent Coverage
Set Back Requirements	Required	Provided
Front	_____	_____
Back	_____	_____
Side	_____	_____

IX. USE FOR OTHER INFORMATION, IF NEEDED

X. VALIDATION

Zoning Permit Number: _____ Date Permit Issued: _____, 20____

Permit Fee: \$ _____ Approved by: _____