

Caernarvon Township

Main and Chestnut Streets
P.O. Box 294
Morgantown PA 19543

Code Enforcement Department

Permit No. _____

Application For Zoning Permit

<i>PART A: To Be Completed By Owner/Applicant</i>			
Name Of Owner:		Address:	
Phone No:			
Name Of Applicant, If Other Than Owner:		Address:	
Phone No:			
Name Of Contractor:		Address:	
Phone No:			
Property Location:			
Subdivision Name:		Lot No:	Lot Area:
Tax PIN:		Zoning District:	
APPLICATION Is Hereby Made For The Following:			
<input type="checkbox"/> Detached Garage		<input type="checkbox"/> Deck, <input type="checkbox"/> Patio, <input type="checkbox"/> Porch, <input type="checkbox"/> Balcony	
<input type="checkbox"/> Shed, Use: _____		<input type="checkbox"/> Agricultural Structure	
<input type="checkbox"/> Fence, Shall Not Be Located Within Township or State Road Right-of-Ways or Clear Sight Triangles.			
<input type="checkbox"/> Other Accessory Use, Describe Use: _____			
DESCRIPTION OF WORK TO BE PERFORMED: _____			
Building/Structure & Lot Coverage Information: (Proposed Building/Structure unless otherwise noted)			
Building/Structure Footprint Area (sf):		New Construction:	Existing:
(IOP, I-1, and I-2) Impervious Area ⁽¹⁾ (sf):		New Construction:	Existing:
Building/Structure: Height: Stories:	Feet:	Width:	Length:
Floor Area (sf): Living:	Basement and Attics With 7'-6" (+) Ceiling Height):		Total:
Is Structure located within a floodplain area? <input type="checkbox"/> Yes <input type="checkbox"/> No			
(1): Includes driveways to the street right-of-way line, parking lots, sidewalks, and unroofed patios and decks			
Estimated Costs:			
Include HVAC, Electrical and Site Work: \$ _____			
Plumbing: \$ _____			
Total: \$ _____			
STATEMENT BY APPLICANT, OWNER and/or OWNER'S AGENT:			
I hereby certify that I am the OWNER or the AGENT of the OWNER, that I am authorized to make this application and that the information contained in this application is accurate to the best of my knowledge. Further, I/we agree to adhere to all applicable Caernarvon Township Ordinances and Regulations. I/we are also aware that a USE & OCCUPANCY PERMIT, issued by Caernarvon Township shall be required prior to use or occupancy of the building or structure. I/we understand that once the permit review process has begun I am responsible for paying the cost of the permit, irrespective of whether I actually use the permit or not. I/we agree to be liable for all costs required to collect said fee(s).			
Signature of Applicant: _____		Date: _____	
Signature of Property Owner/Agent: _____		Date: _____	

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Sketch of Property Showing Location of Existing/Proposed Buildings and Structures:

PART B: TO BE COMPLETED BY THE ZONING OFFICER

Additional Approvals:

<input type="checkbox"/> Plumbing	<input type="checkbox"/> On-Lot Sewage Disposal
<input type="checkbox"/> Driveway	<input type="checkbox"/> Public/Community Sewage Disposal
<input type="checkbox"/> Fire Code	<input type="checkbox"/> Industrial Waste Discharge
<input type="checkbox"/> Public Water	<input type="checkbox"/> Labor & Industry
<input type="checkbox"/> Electrical	<input type="checkbox"/> Act 167 Compliance

Fees:

Zoning Permit: \$ _____	Paid by: _____
Certificate of Use & Occupancy: \$ _____	Check No. _____
Plumbing Permit: \$ _____	Date Paid: _____
Electrical Permit: \$ _____	
Fire Permit: \$ _____	
TOTAL DUE: \$ _____	

Approval/Denial:

Application Approved * Permit Expiration Date: _____

Application Denied

Reason(s) for Denial: _____

Zoning Officer's Signature: _____ Date: _____

* The Owner/Applicant is advised that deed restrictions or covenants may prohibit this activity. It is the Owner/Applicant's responsibility to review and comply with these restrictions. Approval of this permit application by the Zoning Officer does not relieve the Owner/Applicant from complying with these restrictions.