

**SOUTH BEAVER TOWNSHIP
ZONING PERMIT APPLICATION
[No new building or construction involved]**

Application No. _____

Application Date: _____

Name of Applicant: _____

Address of Applicant: _____

Telephone No. (_____) _____

FAX No. (_____) _____

Location of Property for which Zoning Permit sought: _____

Tax Parcel No. 77 - _____

Total Size/Acreage of Tract: _____

Name/Address of Property Owners if different from Applicant:

Telephone No. (_____) _____

Zoning District in which subject land located: _____

Type of Zoning use proposed: _____

() Permitted Use per Section _____ of South Beaver Township Zoning Ordinance

() Special Exception Use per Section _____ of South Beaver Township Zoning Ordinance

() Conditional Use per Section _____ of South Beaver Township Zoning Ordinance

() Temporary Use per Section 5.11 of South Beaver Township Zoning Ordinance.

Variance needed to be requested, if any: (Please detail and cite Section and/or provisions of Zoning Ordinance involved. If none, please specify "None".) _____

Applicant is (ready) (not ready) to proceed for processing this Application for Special Exception Use and/or Conditional Use, and/or for Request for Variance. Note: Cross out inapplicable words. If Applicant "ready", required fee deposits to be deposited with the Township at time of submission of this Application, together with appropriate Application for Special Exception, and/or Conditional Use and/or Variance.

NOTICE: In addition to a Zoning Permit, you may need to make other applications and obtain other permits for the zoning use you propose, including but not limited to approval of your existing structure for commercial/business use by the Pennsylvania Department of Labor or other agencies of the Commonwealth per the Fire and Panic Act, or other legislation of the Commonwealth of Pennsylvania, and depending on location of your premises, for testing/expansion of your existing on-lot sewage system and/or conversion of your public sewer connection to commercial use, prior to your commencing the use activity you propose.

Further, prior to your placing into effect the use for which you are seeking a Zoning Permit, you will need to arrange inspection and procurement of an Occupancy Permit by and from the Zoning Officer.

Data to be submitted herewith:

- 1.) Two copies of a layout or plot plan drawn to scale showing actual dimensions of the lot/parcel of land involved, the exact size and location of said lot/parcel of land of the primary building and accessory buildings.
- 2.) Two copies of the floor plan of any building, drawn to scale, within which applicant is seeking a Zoning Permit to commence a use (Home Occupation, etc.), and upon which floor plan the area of the proposed Zoning Permit use is to be clearly indicated, together with and/or accompanied by a separate data sheet detailing the number of square feet of floor area that will be devoted to and/or converted to the use being sought for approval per this Application, together with data/information of ingress/egress to such area.
- 3.) A written statement and/or other data setting forth such other information as may be necessary to determine and provide assurance of compliance to all requirements of the South Beaver Township Zoning Ordinance (such as number of parking spaces, placement of signs, etc.) and/or other Ordinances of the Township.

STATEMENT AND VERIFICATION BY APPLICANT

I do hereby agree to observe and adhere to any and all provisions of the South Beaver Township Zoning Ordinance, and do further agree and understand that my failure to do so shall constitute a violation as to any Zoning Permit issued per this Application, which violation shall cause any Permit to become Null and Void, and revocable by the Township of South Beaver Township via its Zoning Officer or other designated agent.

I or we the undersigned Applicant(s), completed and read the foregoing Application. The statements and data set forth therein, or submitted therewith, is true and correct to the best of my/our knowledge, information and belief. This statement and verification are made subject to the penalties of 18 PA.C.S.A. Section 4904 relating to unsworn falsifications to authorities, which provides that if I or we knowingly make false statements or averments, I or we may be subject to criminal penalties.

Dated: _____, 201__.

Applicant

Co-Applicant

Received of _____, the sum of \$ _____, fee for the above numbered Zoning Permit Application. Dated: _____, 201__.

Authorized Signature

Permit (Issued) (Denied) on the _____ day of _____, 201__.
[Note if denied, Letter setting forth reasons will accompany Denial Notice.]

Zoning Officer