

# Dreher Township Zoning Permit Application # \_\_\_\_\_

Mailing address: P.O. Box 177, Newfoundland, PA, 18445 Phone 570-676-4976 Fax 570-676-4244

## OWNER/APPLICANT:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone No. \_\_\_\_\_

Contact Name: \_\_\_\_\_

Email: \_\_\_\_\_

## DEVELOPER:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone No. \_\_\_\_\_

Contact Name: \_\_\_\_\_

Email: \_\_\_\_\_

## LOCATION/DESCRIPTION OF THE PROPERTY (current use/improvements):

TAX MAP PARCEL #: \_\_\_\_\_ CONTROL #: \_\_\_\_\_

ZONING DISTRICT: \_\_\_\_\_

HIGHWAY OCCUPANCY PERMIT #: \_\_\_\_\_

TYPE OF WATER SYSTEM: \_\_\_\_\_

TYPE OF SEWER SYSTEM: \_\_\_\_\_

## DESCRIPTION OF PROJECT (Intention of all changes to property / use):

## ATTACH THE PLOT PLAN: In accordance with ZO Section 602.3 C

Please mark all of the following that apply to this Project:

- |  |  |
|--|--|
| <input type="checkbox"/> Off-Street Parking/Loading Areas  | <input type="checkbox"/> Noise/Vibration             |
| <input type="checkbox"/> Signs                             | <input type="checkbox"/> Smoke/Oders/Emissions       |
| <input type="checkbox"/> Lighting/Electrical               | <input type="checkbox"/> Fire/Explosion Hazards      |
| <input type="checkbox"/> Landscaping/Buffers/Screenings    | <input type="checkbox"/> Waste Storage/Disposal      |
| <input type="checkbox"/> Increased Water/Sewage Usage      | <input type="checkbox"/> Surface Groundwater Impact  |
| <input type="checkbox"/> Increased Traffic Flow/Congestion | <input type="checkbox"/> Other Environmental Impacts |

Does the Project involve any of the following (or similar) uses?

- Retail Business – specify type: \_\_\_\_\_
- Office – specify type: \_\_\_\_\_
- Service Establishment – specify type: \_\_\_\_\_
- Wholesale Business – specify type: \_\_\_\_\_
- Manufacturing/Industry – specify type: \_\_\_\_\_

**I (we) represent that the information provided in this application, and all supporting documentation submitted herewith is true and correct.**

Date: \_\_\_\_\_

Signatures: Owner: \_\_\_\_\_ Co-Owner \_\_\_\_\_

Date of submission: \_\_\_\_\_ Received by: \_\_\_\_\_

Action of Zoning Officer: Approved by \_\_\_\_\_ date \_\_\_\_\_

Denied-reason \_\_\_\_\_