## ZONING PERMIT APPLICATION

Mount Joy Township Zoning Officer 902 Hoffman Home Road

Fax: (717) 359-9741
Web: www.mtioytwn.i

Voice: (717) 359-4500

Permit#

| web: www.mtjovtwp.us Gettysburg                                      | g, PA 17325                                   | STHITCH  |  |
|--|---|--|--|
| APPLICANCE   | INIGENATION - A SECOND                        |  |  |
| Name   | Daytime phone:                                | Alternate phone:                                   |  |
| Address  | Email:  |  |  |
| legal owner (property owner) tenant (appli                           | cation must be accompanied by writt           | ten permission of property owner)                  |  |
| equitable owner (application must be accompanied by option or agreen | nent of sale)                                 | , , , , , , , , , , , , , , , , , , ,              |  |
| = PROPERTY OVEN  | HAZINIMINAMONTARISH SER                       |  |  |
| Name   | Daytime phone:                                | Alternate phone:                                   |  |
| Address  | Email:  |  |  |
| E V DAVIDAGE E E E E E E E E E E E E E E E E E E                     | STORMANION SAME TRANSPORT                     |  |  |
| Parcel# Address:   | Lot size:                                     | Zoning district:                                   |  |
| Water: public water:   | Sewer: on-lot public sewer:                   |  |  |
| DESCRIPTION  | TAMERA (ATTONOSCHO):                          |  |  |
|  |   |  |  |
| New Use Change of Use  | Current Use/Building Type:<br>non-residential | residential agriculture                            |  |
| New Building/Structure Building/Structure Expansion                  |   |  |  |
| No-impact home-based business  | Proposed Use/Building Type non-residential    |  |  |
| Sign on-site freestanding on-site wall off-site/billboa              |   |  |  |
| Special event  |   | sign size;sq. ft.                                  |  |
|  |   |  |  |
| Conditional Use*   | Required setbacks from ultimate right-of-way: | Proposed setbacks from ultimate right-of-way       |  |
| Special Exception*   |   |  |  |
| Variance* Appeal from Zoning Officer's Determination*                | Front:  | Front:   |  |
| Describe relief sought (including applicable sections of             | Rear:   | Rear:  |  |
| Zoning Ordinance):   | Side:   | Sides:/  |  |
|  |   |  |  |
|  | _   |  |  |
|  | -   |  |  |
| Other  |   |  |  |
| Does application involve:  | Uniform Construction Code I<br>Yes            | Uniform Construction Code Permit required:  Yes No |  |
| nonconforming use nonconforming building or structure                |   |  |  |
| nonconforming use nonconforming building or structure                | Land Development Plan requ<br>Yes             | Land Development Plan required: Yes No             |  |
| nonconforming lot  |   |  |  |
|  | Stormwater Management Pla<br>Yes              | Stormwater Management Plan required: Yes No        |  |
| This application is an important legal document. Township employe    | es will provide general assistance, b         | ut cannot provide legal advice.                    |  |
| If you have secured legal counsel for this application, pleas        | e provide the contact information for         | r your attorney below:                             |  |

| Name:    | Telephone No.: |
|----------|----------------|
| Address: | Email Address: |

## APPLICANT IS REQUIRED TO READ AND CHECK THE FOLLOWING

By checking this box, I affirm that I have attached a <u>site plan</u> or narrative, either one or both as required by the Zoning Ordinance to accompany this Application, showing the property, the proposed location of the use, and all other information required to be submitted by the provisions of the Zoning Ordinance.

By checking this box, I acknowledge that I am responsible for paying any actual expenses, in excess of the application fee for types of application marked with the (\*), that the Township incurs in processing the application, and that such payments are due and payable within 10 business days of the date on the Township's invoice.

By checking this box, I hereby grant permission for the Zoning Officer to enter onto my property to conduct compliance inspections while this application is under consideration and any issued Zoning Permit is in effect.

By checking this box, I understand that false information provided on this application may result in a stop work order or revocation of the permit and that false statements herein made also are subject to the penalties of 18 Pa.C.S.§4904, relating to unsworn falsification to authorities.

By signing this application, I declare that:

- I am the: title owner of record of the property (landowner), agent of the landowner, tenant with permission of the landowner, or the holder of an option or contract to purchase the property.
- The information provided in this application is accurate to the best of my knowledge.

| Signature of Applicant                           |  | Date    |            |
|--|--|---------|------------|
| Date received:                                   | Date Zoning Permit issued:   | Fee: \$ | Date paid: |
| Date returned because of incomplete application: | Date of Zoning Hearing Board or Board of Supervisors action:  approval approval with conditions denial | check # | _ cash     |
| Date complete application accepted:              | Date Certificate of Zoning Compliance issued:  |         |            |
|  |  |         |            |