

Blooming Grove Township
 HC 8 Box 8501
 Blooming Grove, PA 18428

APPLICATION FOR
ZONING PERMIT
ANSWER ALL QUESTIONS

Permit # _____
 Permit Fee \$ _____
 Tax Map # _____

I. LOCATION OF PROPERTY: Subdivision: _____ Lot: _____ Blk: _____ Stg: _____
 DESCRIPTION: (House #, Street, Route, etc.) _____ Zoning District: _____

II. DESCRIPTION OF CONSTRUCTION:

A. TYPE IMPROVEMENT
 NEW BUILDING
 ADDITION
 REPLACEMENT

B. PROPOSED USE:
RESIDENTIAL
 ONE FAMILY
 TWO FAMILY
 MULTI FAMILY
 # OF UNITS _____
 RESIDENTIAL CONVERSION TO APARTMENTS
 GARDEN APARTMENTS
 TOWN HOUSE
 MEDIUM HIGH RISE APARTMENTS

NON-RESIDENTIAL
 HOTEL/MOTEL # OF UNITS _____
 RESORT FACILITY
 RESTAURANT
 GIFT SHOP
 RETAIL ESTABLISHMENT
 SERVICE ESTABLISHMENT
 AUTO SUPPLY, SALES, SERVICE
 PUBLIC FACILITY
 OFFICE / BANK
 OTHER _____

C. COST ESTIMATE
 \$ _____

D. CONSTRUCTION DATE
 BEGIN: _____
 END: _____

E. SLOPE AT BLDG. SITE
 Will any earth disturbance occur on a slope greater than:
 15% Yes No
 25% Yes No

Attach erosion control plan as required by Article IV Section 405.13 of Zoning Ordinance.

ACCESSORY STRUCTURES
 GARAGE DECK
 SHED CARPORT
 OTHER: _____

FURTHER EXPLANATION (If required) _____

F. FOUNDATION REQ.
FOOTER DEPTH
 BELOW FROST LINE
 ABOVE FROST LINE
 (Detached accessory structure only)

FOUNDATION MATERIAL
 POURED CONCRETE
 BLOCK
 OTHER _____

FOUNDATION TYPE
 PIERS
 (SIZE L _____" x W _____"
 FULL FOUNDATION
 CRAWL SPACE
 FLOATING SLAB
 OTHER _____

G. DIMENSIONS Coverage (Include area of all existing structures)
 ROOF AREA (Using only perimeter of overhang) _____ square feet
 DECK AREA (Not calculated in above area) _____ square feet
 TOTAL LAND AREA (Lot size) _____ square feet
 MAXIMUM HEIGHT (Average ground level to highest point of structure) _____ feet

H. SETBACKS (See Example)

	Proposed	Min. Required *
FRONT PROPERTY LINE OR RIGHT-OF-WAY	_____ feet	40 feet
LEFT SIDE PROPERTY LINE (Left)	_____ feet	15 feet
RIGHT SIDE PROPERTY LINE (Right)	_____ feet	15 feet
REAR PROPERTY LINE	_____ feet	25 feet

 Distance are to: Principal Accessory structure

(NOTE: Corner lots have 2 right-of-ways. Identify all right-of-ways)
 * Contact Township Zoning Officer for Set Backs for corner lots or non-standard shapes.

I. TYPE OF SEWAGE DISPOSAL
 CENTRAL COLLECTION COMMUNITY SUBSURFACE INDIVIDUAL SUBSURFACE
 HAVE YOU APPLIED FOR A SEWAGE PERMIT YES NO PERMIT # _____ (Attach copy)

J. TYPE WATER SUPPLY
 COMMUNITY WATER
 INDIVIDUAL (WELL/CISTERN)
 OTHER _____

K. RESIDENTIAL BUILDINGS WITH INDIVIDUAL SUBSURFACE SEWAGE
 Original number of bedrooms _____
 Total number of bedrooms after construction _____

L. COMMERCIAL BUILDINGS ONLY
 NUMBER OF OFF STREET PARKING SPACES _____
 (INCLUDE ON PLOT PLAN)

III. IDENTIFICATION:

Application must be signed by BOTH land owners and applicants if other than owners.
 I/We hereby represent that the foregoing answers are true and request that a permit be issued in reliance upon the truth thereof. I/WE AGREE WITH Ordinance #31 of Blooming Grove Township (Township Zoning Ordinance of 1989), Ordinance #41 (Township Building Ordinance), and all amendments thereof, regulations issued pursuant thereto, and to immediately inform, in writing, the Zoning Officer or Building Officer of Blooming Grove Township in Pike County PA of any substantial change in the foregoing plans and specifications. If in the opinion of township officials such construction or substantial change in the plan violates the Township Ordinance(s) or any amendment or regulation adopted pursuant thereto. The Township official may revoke any permit. If any work authorized by this permit has not been commenced or reasonable progress thereon made after six months from issuance thereof, such permit shall become invalid. IN THE EVENT THE PERMIT IS REVOKED OR EXPIRES AS AFORESAID, I/We hereby agree on demand to immediately surrender it to the Zoning Officer of Blooming Grove Township in Pike County, Pennsylvania.

NAME (PLEASE PRINT)	PHONE	MAILING ADDRESS	SIGNATURE	DATE
Owner (s)	(____) _____			
Applicant and/or Contractor	(____) _____			
Company Name	Ext. _____			

DO NOT WRITE BELOW THIS LINE

IV. ACTION OF THE ZONING OFFICER:

Signature: _____ Date: _____

GRANTED DENIED SEE COMMENT SHEET