

**Blooming Grove Township**  
 488 Route 739  
 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:**

<p><b>A. TYPE IMPROVEMENT</b></p> <input type="checkbox"/> NEW BUILDING <input type="checkbox"/> ADDITION <input type="checkbox"/> REPLACEMENT	<p><b>B. PROPOSED USE:</b></p> <p><u>RESIDENTIAL</u></p> <input type="checkbox"/> ONE FAMILY <input type="checkbox"/> TWO FAMILY <input type="checkbox"/> MULTI FAMILY <input type="checkbox"/> # OF UNITS _____ <input type="checkbox"/> RESIDENTIAL CONVERSION TO APARTMENTS <input type="checkbox"/> GARDEN APARTMENTS <input type="checkbox"/> TOWN HOUSE <input type="checkbox"/> MEDIUM HIGH RISE APARTMENTS	<p><b>C. COST ESTIMATE</b></p> <p>\$ _____</p> <p><b>D. CONSTRUCTION DATE</b></p> <p>BEGIN: _____          END: _____</p> <input type="checkbox"/> WHOLESALE BUSINESS <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> CHURCH SOCIAL <input type="checkbox"/> PROFESSIONAL															
<p><b>E. SLOPE AT BLDG. SITE</b></p> <p>Will any earth disturbance occur on a slope greater than:</p> <p>15%    <input type="checkbox"/> Yes    <input type="checkbox"/> No          25%    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>Attach erosion control plan as required by Article IV Section 405.13 of Zoning Ordinance.</p>	<p><u>NON-RESIDENTIAL</u></p> <input type="checkbox"/> HOTEL/MOTEL # OF UNITS _____ <input type="checkbox"/> RESORT FACILITY <input type="checkbox"/> RESTAURANT <input type="checkbox"/> GIFT SHOP <input type="checkbox"/> RETAIL ESTABLISHMENT <input type="checkbox"/> SERVICE ESTABLISHMENT <input type="checkbox"/> AUTO SUPPLY, SALES, SERVICE <input type="checkbox"/> PUBLIC FACILITY <input type="checkbox"/> OFFICE / BANK <input type="checkbox"/> OTHER _____																
<p><b>F. FOUNDATION REQ.</b></p> <p><b>FOOTER DEPTH</b></p> <input type="checkbox"/> BELOW FROST LINE <input type="checkbox"/> ABOVE FROST LINE <small>(Detached accessory structure only)</small> <p><b>FOUNDATION MATERIAL</b></p> <input type="checkbox"/> POURED CONCRETE <input type="checkbox"/> BLOCK <input type="checkbox"/> OTHER _____ <p><b>FOUNDATION TYPE</b></p> <input type="checkbox"/> PIERS <small>(SIZE L _____" x W _____"</small> <input type="checkbox"/> FULL FOUNDATION <input type="checkbox"/> CRAWL SPACE <input type="checkbox"/> FLOATING SLAB <input type="checkbox"/> OTHER _____	<p><b>G. DIMENSIONS</b> Coverage (Include area of all existing structures)</p> <p>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</p> <p><b>H. SETBACKS</b> (See Example)</p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Proposed</th> <th style="text-align: center;">Min. Required *</th> </tr> </thead> <tbody> <tr> <td>FRONT PROPERTY LINE OR RIGHT-OF-WAY</td> <td style="text-align: center;">_____ feet</td> <td style="text-align: center;">40 feet</td> </tr> <tr> <td>LEFT SIDE PROPERTY LINE (Left)</td> <td style="text-align: center;">_____ feet</td> <td style="text-align: center;">15 feet</td> </tr> <tr> <td>RIGHT SIDE PROPERTY LINE (Right)</td> <td style="text-align: center;">_____ feet</td> <td style="text-align: center;">15 feet</td> </tr> <tr> <td>REAR PROPERTY LINE</td> <td style="text-align: center;">_____ feet</td> <td style="text-align: center;">25 feet</td> </tr> </tbody> </table> <p>Distance are to:    <input type="checkbox"/> Principal    <input type="checkbox"/> Accessory structure</p> <p style="text-align: center;"><b>(NOTE: Corner lots have 2 right-of-ways. Identify all right-of-ways)</b></p> <p style="text-align: center;">* Contact Township Zoning Officer for Set Backs for corner lots or non-standard shapes.</p>			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
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<p><b>I. TYPE OF SEWAGE DISPOSAL</b></p> <input type="checkbox"/> CENTRAL COLLECTION <input type="checkbox"/> COMMUNITY SUBSURFACE <input type="checkbox"/> INDIVIDUAL SUBSURFACE <p>HAVE YOU APPLIED FOR A SEWAGE PERMIT    <input type="checkbox"/> YES    <input type="checkbox"/> NO    PERMIT # _____ (Attach copy)</p>																	

<p><b>J. TYPE WATER SUPPLY</b></p> <input type="checkbox"/> COMMUNITY WATER <input type="checkbox"/> INDIVIDUAL (WELL/CISTERN) <input type="checkbox"/> OTHER _____	<p><b>K. RESIDENTIAL BUILDINGS WITH INDIVIDUAL SUBSURFACE SEWAGE</b></p> <p>Original number of bedrooms _____          Total number of bedrooms after construction _____</p>	<p><b>L. COMMERCIAL BUILDINGS ONLY</b></p> <p>NUMBER OF OFF STREET PARKING SPACES _____  <small>(INCLUDE ON PLOT PLAN)</small></p>
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**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