

# EAST DONEGAL TOWNSHIP ZONING PERMIT APPLICATION

**IMPORTANT – Complete ALL items. Mark boxes where applicable.**

<b>I. LOCATION OF BUILDING</b>	Number and Street	Subdivision	Lot	Block
	PLEASE SUBMIT A PLOT PLAN WITH THIS APPLICATION			

**II. TYPE AND COST OF BUILDING – All applicants complete Parts A - D**

<p><b>A. TYPE OF IMPROVEMENT</b></p> <p>1 <input type="checkbox"/> New building</p> <p>2 <input type="checkbox"/> Addition (if residential enter number of new housing units added, if any, in part D, 13)</p> <p>3 <input type="checkbox"/> Alteration (see 2 above)</p> <p>4 <input type="checkbox"/> Repair, replacement</p> <p>5 <input type="checkbox"/> Wrecking (if multi-family residential enter number of units in building on part D, 13)</p> <p>6 <input type="checkbox"/> Moving (relocation)</p> <p>7 <input type="checkbox"/> Foundation only</p> <p><b>B. OWNERSHIP</b></p> <p>8 <input type="checkbox"/> Private (individual, corporation, nonprofit institution, etc.)</p> <p>9 <input type="checkbox"/> Public (federal, state, or local government)</p>	<p><b>D. PROPOSED USE - for "Wrecking" most recent use</b></p> <table style="width: 100%;"> <tr> <td style="width: 50%;">                     Residential                      12 <input type="checkbox"/> One family                      13 <input type="checkbox"/> Two or more family:                          Enter number of units _____                      14 <input type="checkbox"/> Transient hotel, motel or dormitory:                          Enter number of units _____                      15 <input type="checkbox"/> Garage                      16 <input type="checkbox"/> Carport                      17 <input type="checkbox"/> Other - Specify _____                          _____                          _____                 </td> <td style="width: 50%;">                     Nonresidential                      18 <input type="checkbox"/> Amusement, recreational                      19 <input type="checkbox"/> Church, other religious                      20 <input type="checkbox"/> Industrial                      21 <input type="checkbox"/> Parking garage                      22 <input type="checkbox"/> Service station, repair garage                      23 <input type="checkbox"/> Hospital, institutional                      24 <input type="checkbox"/> Office, bank, professional                      25 <input type="checkbox"/> Public utility                      26 <input type="checkbox"/> School, library, other educational                      27 <input type="checkbox"/> Stores, mercantile                      28 <input type="checkbox"/> Tanks, sewers                      29 <input type="checkbox"/> Other - Specify _____                 </td> </tr> </table>	Residential 12 <input type="checkbox"/> One family 13 <input type="checkbox"/> Two or more family: Enter number of units _____ 14 <input type="checkbox"/> Transient hotel, motel or dormitory: Enter number of units _____ 15 <input type="checkbox"/> Garage 16 <input type="checkbox"/> Carport 17 <input type="checkbox"/> Other - Specify _____ _____ _____	Nonresidential 18 <input type="checkbox"/> Amusement, recreational 19 <input type="checkbox"/> Church, other religious 20 <input type="checkbox"/> Industrial 21 <input type="checkbox"/> Parking garage 22 <input type="checkbox"/> Service station, repair garage 23 <input type="checkbox"/> Hospital, institutional 24 <input type="checkbox"/> Office, bank, professional 25 <input type="checkbox"/> Public utility 26 <input type="checkbox"/> School, library, other educational 27 <input type="checkbox"/> Stores, mercantile 28 <input type="checkbox"/> Tanks, sewers 29 <input type="checkbox"/> Other - Specify _____
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<p><b>C. COST</b></p> <p>10 <input type="checkbox"/> COST OF IMPROVEMENT _____  <i>To be installed but not included in the above cost</i></p> <p>a. Electrical _____</p> <p>b. Plumbing _____</p> <p>c. Heating, air conditioning _____</p> <p>d. Other (elevator, etc.) _____</p> <p>11 TOTAL COST OF IMPROVEMENT _____</p>	<p style="text-align: center;">(Omit cents)</p> <p>\$ _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>\$ _____</p>	<p>Nonresidential - Describe in detail proposed use of buildings e.g. food processing plant, machine shop, laundry building at hospital, elementary school, secondary school, college, parochial school, parking garage for department store, rental office building, office building at industrial plant. If use of existing building is being changed, enter proposed use.</p> <p>_____</p> <p>_____</p> <p>_____</p>
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**III. SELECTED CHARACTERISTICS OF BUILDING – For new buildings and additions, complete Parts E-L, for wrecking, complete only Part J, for all others skip to IV**

<p><b>E. PRINCIPLE TYPE OF FRAME</b></p> <p>30 <input type="checkbox"/> Masonry (wall bearing)</p> <p>31 <input type="checkbox"/> Wood frame</p> <p>32 <input type="checkbox"/> Structural steel</p> <p>33 <input type="checkbox"/> Reinforced concrete</p> <p>34 <input type="checkbox"/> Other - Specify _____</p>	<p><b>G. TYPE OF SEWAGE DISPOSAL</b></p> <p>40 <input type="checkbox"/> Public or private company</p> <p>41 <input type="checkbox"/> on lot (septic tank, etc.)</p> <p><b>H. TYPE OF WATER SUPPLY</b></p> <p>42 <input type="checkbox"/> Public or private company</p> <p>43 <input type="checkbox"/> Individual (well, cistern)</p>	<p><b>J. DIMENSIONS</b></p> <p>48 Number of stories _____</p> <p>49 Total square feet of floor area all floors, based on exterior deminsions _____</p> <p>50 Total land area, sq. ft. _____</p> <p><b>K. NUMBER OF OFF-STREET PARKING SPACES</b></p> <p>51 Enclosed _____</p> <p>52 Outdoors _____</p> <p><b>L. RESIDENTIAL BUILDINGS ONLY</b></p> <p>53 Number of bedrooms _____</p> <p>54 Number of bathrooms _____</p> <p style="text-align: center;">Full _____ Partial _____</p>
<p><b>F. PRINCIPLE TYPE OF HEATING - FUEL</b></p> <p>35 <input type="checkbox"/> Gas</p> <p>36 <input type="checkbox"/> Oil</p> <p>37 <input type="checkbox"/> Electricity</p> <p>38 <input type="checkbox"/> Coal</p> <p>39 <input type="checkbox"/> Other -Specify _____</p>	<p><b>I. TYPE OF MECHANICAL</b></p> <p>Will there be central air conditioning?</p> <p>44 <input type="checkbox"/> Yes    45 <input type="checkbox"/> No</p> <p>Will there be an elevator?</p> <p>46 <input type="checkbox"/> Yes    47 <input type="checkbox"/> No</p>	

**IV. IDENTIFICATION - TO BE COMPLETED BY ALL APPLICANTS**

	Name	Mailing address - NUMBER, STREET, CITY AND STATE	ZIP code	Telephone Number
Owner				
Contractor				
Architect				

THE OWNER OF THIS BUILDING AND THE UNDERSIGNED AGREE TO CONFORM TO ALL APPLICABLE LAWS

SIGNATURE OF APPLICANT	ADDRESS	APPLICATION DATE
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**DO NOT WRITE IN THIS SPACE - FOR OFFICE USE**

APPROVED BY	PERMIT FEE \$ _____	DATE PERMIT ISSUED	PERMIT NUMBER
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