

**DORRANCE TOWNSHIP  
ZONING PERMIT APPLICATION**

**See attached Fee Schedule: Checks made Payable to Dorrance Township**

**PERMIT NUMBER:** \_\_\_\_\_

**1. ADDRESS/LOCATION OF PROPERTY:**

\_\_\_\_\_  
\_\_\_\_\_

**2. ZONING DISTRICT IN WHICH THE PROPERTY IS LOCATED:** \_\_\_\_\_

**3. APPLICANT'S NAME, ADDRESS and PHONE NUMBER:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**4. OWNER'S NAME, ADDRESS and PHONE NUMBER (if not applicant)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**5. APPLICATION IS HEREBY MADE TO:**

- ERECT A STRUCTURE                      PRINCIPAL                       ACCESSORY
- ADD TO A STRUCTURE                      PRINCIPAL                       ACCESSORY
- CHANGE USE OF STRUCTURE
- ESTABLISH A HOME OCCUPATION
- ERECT A FENCE
- INSTALL SWIMMING POOL     IN-GROUND     ABOVE-GROUND

- INSTALL OFF-STREET PARKING AREA
- ERECT A SIGN
- USE OF LAND WITHOUT ANY STRUCTURE
- APPEAL OF VIOLATION NOTICE
- OTHER (PLEASE LIST) \_\_\_\_\_

**6. PROVIDE A NARRATIVE WHICH EXPLAINS THE PROPOSED USE OF THE PROPERTY BASED UPON THE ITEM CHECKED UNDER NO. 5:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**7. SIZE OF LOT:**

\_\_\_\_\_ WIDTH

\_\_\_\_\_ DEPTH

\_\_\_\_\_ ACRES/SQUARE FEET

**8. PROVIDE THE LOCATION OF PROPOSED STRUCTURE/USE ON LOT, INCLUDING ADDITION IF APPLICABLE**

\_\_\_ FEET TO FRONT YARD PROPERTY LINE

\_\_\_ FEET TO REAR YARD PROPERTY LINE

\_\_\_ FEET TO SIDE YARD PROPERTY LINE

\_\_\_ FEET TO SIDE YARD PROPERTY LINE

\_\_\_ MAXIMUM HEIGHT OF STRUCTURE.

**9. ATTACHED TWO COPIES OF A PLAN WHICH ADEQUATELY ILLUSTRATES THE EXISTING AND PROPOSED DEVELOPMENT. INCLUDE THE LOT SIZE, DIMENSION OF EXISTING AND PROPOSED STRUCTURES, SETBACK DISTANCES TO PROPERTY LINES, OFF-STREET PARKING, DRIVEWAYS AND ANY OTHER PERTINENT FEATURES OF THE PROPERTY AND THE PROPOSED DEVELOPMENT.**

**I HEREBY CERTIFY THAT THE INFORMATION CONTAINED WITHIN THIS APPLICATION IS TRUE, CORRECT AND ACCURATE TO THE BEST OF MY KNOWLEDGE.**

10. \_\_\_\_\_  
SIGNATURE OF APPLICANT DATE

\_\_\_\_\_  
SIGNATURE OF OWNER DATE

11.  APPROVED  DENIED

\_\_\_\_\_  
SIGNATURE OF ZONING OFFICER DATE

12. IF THE PERMIT IS DENIED, THE ZONING OFFICER SHALL NOTE THE APPLICABLE SECTIONS/BASIS OF DENIAL BELOW:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. A COPY OF THE ZONING OFFICER'S OFFICIAL LETTER OF DENIAL SHALL BE ATTACHED TO THIS PERMIT.

14. HAS THE APPLICANT/OWNER REQUESTED AN APPEAL OF THE ZONING OFFICER'S DECISION TO THE ZONING HEARING BOARD?  
YES  NO

15. IF APPLICABLE, DATE OF WRITTEN REQUEST OF APPEAL: \_\_\_\_\_  
ATTACH COPY OF APPLICANT/OWNER'S WRITTEN REQUEST FOR APPEAL TO ZONING HEARING BOARD.

16. IF APPLICABLE, DEADLINE FOR CONVENING A ZONING HEARING BOARD MEETING: \_\_\_\_\_