ZONING PERMIT APPLICATION

SILVERDALE BOROUGH

P.O. Box 187
100 W. Park Avenue Silverdale, PA 18962
T: (215) 257-5550 F: (215) 257 1043

TAX PARCEL #: _____ DATE: _____

APPLICANT:
Name: _____ Phone Number: _____

Address: _____ Fax Number: _____

_____

OWNER (if different than applicant):

Name: _____ Phone Number: H_____

Address: _____ W_____

_____ C_____

RELATIONSHIP BETWEEN APPLICANT AND OWNER (under agreement of sale, lessee):

_____

PROPERTY ADDRESS: _____

PORTION OF PROPERTY COVERED BY THIS APPLICATION: _____

_____

PROPOSED USE: _____ ZONING CLASSIFICATION: ____

SEWER: public ☐ private ☐
WATER: public ☐ private ☐

SQUARE FOOTAGE FOR:
Lot: _____sq. ft.
Main Bldg: _____sq. ft.
Outbuildings: _____sq. ft _____ sq. ft.

SETBACKS: front _____ (from center line of road)
side _____
rear _____

DRIVEWAY: length _____ width _____

ESTIMATED COST OF CONSTRUCTION OR ALTERATION: $_____

APPLICANT CERTIFIES THE ATTACHED PLANS ARE IN DUPLICATE AND DRAWN TO SCALE SHOWING THE FOLLOWING:

1. Actual dimension and shape of lot to be built upon.
2. Exact size and location of all buildings/structures on the lot, if any, and the location and dimensions of proposed buildings, structures or alterations.
3. Existing and proposed uses, showing number of families, if any, that the building is designed to accommodate.
4. Provisions made for the treatment and disposal of sewage, industrial waste, water supply and storm drainage.
5. A certificate of approval from the Bucks County Board of Health regarding proposed on-site sewage disposal and/or water, if such is proposed.
6. Any other lawful information that may be required by the Zoning Officer.

One copy of the plans shall be returned to the applicant by the Zoning Officer after he/she shall have marked such copy either approved or disapproved and attested to same by affixing his/her signature. The second copy shall be similarly marked and shall be retained and filed by the Zoning Officer.

The applicant hereby certifies that the statements and data contained herein and attached hereto are true and complete.

_____

SIGNATURE OF APPLICANT

_____

OFFICIAL USE ONLY

Date of Application: _____ Fee: _____

Zoning Permit in accordance with foregoing application is hereby granted, subject to the following restrictions (specify if none):_____

_____

_____

☐ GRANTED
☐ DENIED

_____ _____

Signature of Zoning Officer Date

ALL QUESTIONS MUST BE ANSWERED.
TWO SETS OF PLANS MUST ACCOMPANY THIS APPLICATION (Where Needed).
ALL APPLICABLE ATTACHMENTS MUST BE INCLUDED WITH APPLICATION.

Site Plan

(Show lot lines, easements and work layout and dimensions) Scale = 1 inch = _____ feet