



BOROUGH OF PALMYRA

325 S. RAILROAD STREET
 PALMYRA, PA 17078
 PHONE: 717-838-6361
 FAX: 717-838-1051

www.palmyraborough.org

ZONING PERMIT APPLICATION

PART A: OWNER/APPLICANT

Property Owner Name:		
Address:		Phone:
City:	State:	ZIP Code:
Applicant Name, if not owner:		
Address:		Phone:
City:	State:	ZIP Code:

PART B: CONTRACTOR

Company Name:		
Company Address:		Phone:
City:	State:	ZIP Code:
Contact Person Name:		Phone:
Email Address:		Alt. Phone:

PART C: PROPERTY

Property Location:		
Tax Parcel ID Number:		
Zoning District:		Corner Lot? Yes _____ No _____
Total Lot Area: _____ Sq. Ft.	Lot Depth: _____	Lot Width: _____

PART D: PURPOSE OF PERMIT REQUEST A site plan is required, see page 2.**

_____ New Residential Construction	_____ New Commercial/Industrial Construction
_____ Addition to Existing Structure	_____ Permanent Signage
_____ Porch/Deck – Covered/Uncovered	_____ Temp. Special Event Signage
_____ Swimming Pool	_____ Fence
_____ Shed/Gazebo/Carport/Garage	_____ Change of Use
_____ Home Occupation* (Additional Information Required)	_____ Other, please explain/identify purpose requested below
_____ Driveway	_____
_____ Storage Container	_____
_____ Residential POD	_____
_____	_____
Total Value of Construction: _____	Estimated Date of Completion: _____

PART E: LOT/BUILDING

Coverage: Includes ALL Impervious Surfaces		
Existing Lot Coverage: _____ Sq. Ft.	_____ % of Lot Coverage	
Proposed Lot Coverage: _____ Sq. Ft.	_____ % of Lot Coverage	
Proposed Building Size: _____ Sq. Ft.	Proposed Height _____	_____ Dimensions
Number of Stories: _____		
Setbacks:	Required	Proposed
Front Yard	_____	_____
Left Side Yard	_____	_____
Right Side Yard	_____	_____
Rear Yard	_____	_____

PART H: CONDITIONS OF APPROVAL

Has the proposed use been granted any necessary approvals for special exceptions, conditional uses and/or variances? ____ Yes ____ No

If yes, please explain how the application complies with the conditions attached to the granting of these approvals. _____

PART I: DISCLOSURE

I hereby authorize the designated Borough of Palmyra official to investigate, inspect and examine the Property set forth herein, including land and structures, to determine compliance with the Borough of Palmyra Zoning Ordinance and to determine the accuracy of the statements contained herein.

I am aware that I cannot occupy the Property for the purpose of conducting the use set forth herein and cannot commence excavation or construction until a Zoning Permit has been issued by the Borough of Palmyra. **By signing this application, I certify that all facts in the application and all accompanying documentation are true and correct.** A Zoning Permit may be revoked in the use and/or structure for which it has been issued violates any applicable Borough, County, State, or Federal law or regulation, including but not limited to the Borough of Palmyra Zoning Ordinance. This permit may also be revoked if it has been issued in error, or if issuance was based upon any misrepresentations or errors contained in the application or otherwise made by the applicant.

I am also aware that deed restrictions or covenants may prohibit the proposed activity. It is the Owner/Applicant/Agent's responsibility to review and comply with these restrictions. Approval of this application and/or issuance of a Zoning Permit, by the Zoning Officer, does not relieve the Owner/Applicant/Agent from complying with these restrictions.

I acknowledge that the holder of a Zoning Permit is responsible to insure compliance with all applicable Borough Ordinances, and at completion of the work authorized by the permit, I acknowledge that the Borough requires that a final inspection be performed by the Zoning Officer before the structure, which is authorized by this permit, may be occupied.

This Application is being made by me to induce official action on the part of the Borough, and I understand that any false statements made herein are being made subject to the penalties of 18 Pa. C.S. §4904 relating to unsworn falsification to authorities.

I acknowledge that if I occupy or permit the occupancy of this structure prior to the issuance of a certificate of occupancy under the Zoning Ordinance, I will have committed a violation of the Zoning Ordinance and will be subject to the penalties and remedies in the Zoning Ordinance.

Signature of applicant:	Date:
Signature of property owner/agent:	Date:

ATTENTION!!!

- 1. PLEASE BE ADVISED THAT ALL CONTRACTOR'S MUST PROVIDE, TO THE BOROUGH, A COPY OF CURRENT WORKER'S COMPENSATION & LIABILITY INSURANCE.**
- 2. PROVIDE THE BOROUGH WITH A COPY OF A VALID QUOTE OR COST AND MATERIALS LIST TO FIGURE COST OF PERMIT FEES.**
- 3. ALL FEES MUST BE PAID IN FULL AT THE TIME OF SUBMISSION.**

FOR OFFICIAL USE ONLY – DO NOT WRITE BELOW THIS LINE

Date of Receipt of Complete Application: _____

Application Fee: _____ Date of Receipt of Application Fee: _____

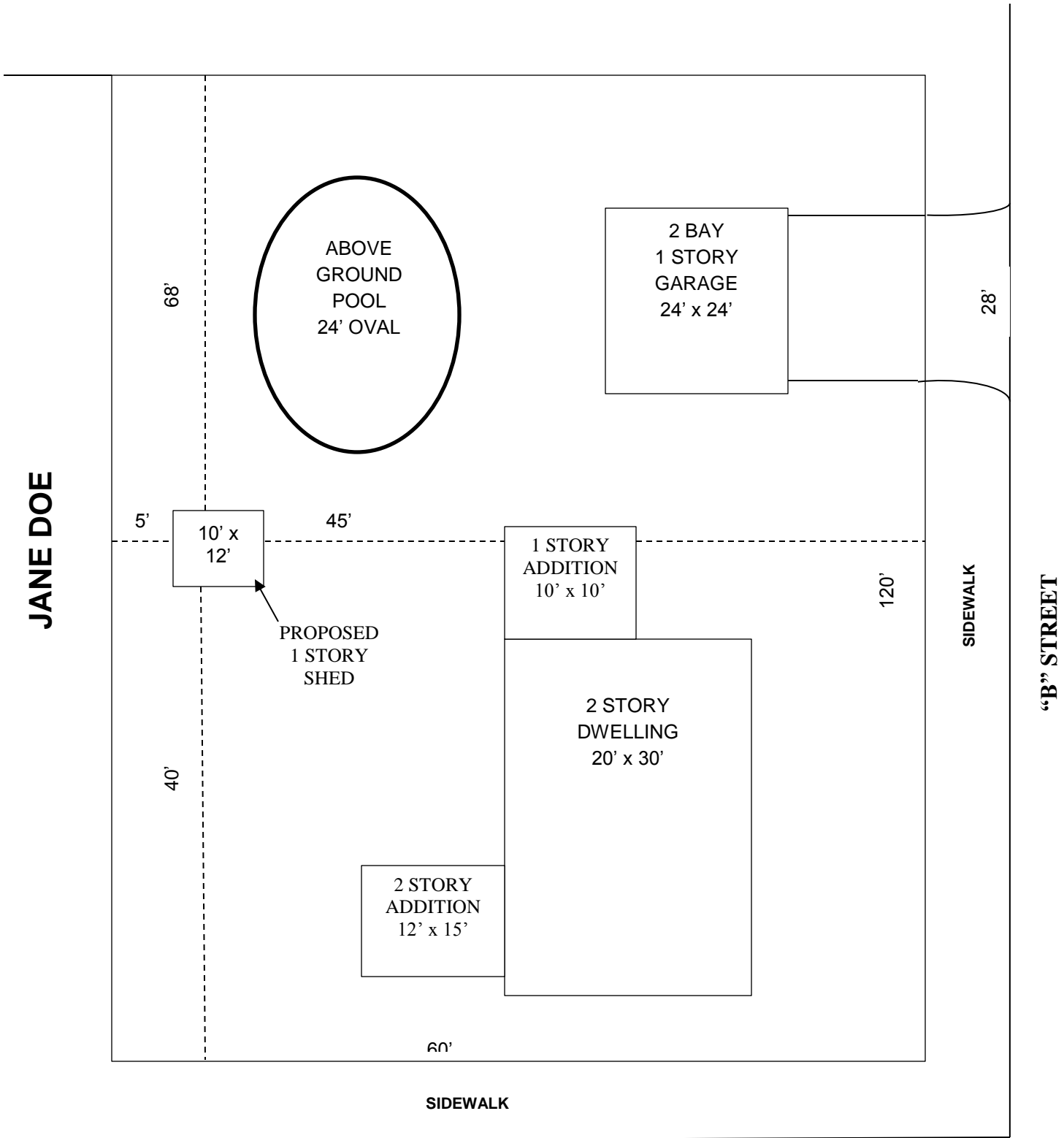
Action Taken: _____ Approved _____ Denied _____ Date of Action

Reason(s) for Denial, if Applicable: _____

Notes: _____

Zoning Officer's Signature: _____ Date: _____

JOHN SMITH



"A" STREET

SAMPLE SKETCH PLAN