

BOROUGH OF WELLSBORO

14 CRAFTON STREET
WELLSBORO, PA 16901

570.724.3186 FAX 570.724.2323

ZONING PERMIT APPLICATION

Office Use Only:

Date Received: _____ Zoning Application No. _____

Check type of application:

1. Application for:
- | | |
|---------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> New Dwelling | <input type="checkbox"/> Residential Addition/Remodel |
| <input type="checkbox"/> Fence * | <input type="checkbox"/> Accessory Building/Garage |
| <input type="checkbox"/> Sign ** | <input type="checkbox"/> Commercial Addition/Remodel |
| <input type="checkbox"/> Pool*** | <input type="checkbox"/> Demolition |
| <input type="checkbox"/> Deck/porch | <input type="checkbox"/> New Commercial |
| <input type="checkbox"/> Other | |

Describe Other: _____

To ensure timely processing, please review this quick checklist before submitting your application:

_____ Both sides of application are complete, including owner/applicant signatures.

_____ You have provided two (2) copies of a current survey/site plan along with any required construction drawings. Surveys must show the existing conditions and exact location of physical features including metes and bounds, drainage, waterways, specific utility locations and easements, all drawn to scale. All surveys must be prepared by a land surveyor and not more than 10 years old.

_____ The Permit fee: \$25.00 for single-family and two-family residences and \$___ for all permits other than those for single-and two-family residences. Checks shall be made payable to: Borough of Wellsboro

If any of the requested information is missing or the application is incomplete, processing of the application will cease: applicants will be informed of same by letter.

* Indicate location, height, and type of fence on survey. Survey must be to scale and not more than 10 years old.

** For signs please provide the dimensions and location of the wall to which the sign would be attached.

*** Pools require a fence. Please indicate type, height, and area of fence and location of filter/heater and any decking, coping and aprons.

1. Location of property for which Zoning Permit is desired: _____

2. Name, Address, and Phone Number of Applicant:

3. Name, Address, and Phone Number of Owner of Property:

4. Description of proposed change:

5. Zoning Classification of Property:

6. Present Use of Property:

7. Proposed Use of Property:

8. Applicable Zoning Ordinance Section(s):

9. Description of Improvements and/or Use; General Construction Thereof:

10. Does Applicant hold a tax-exempt status under the Federal Internal Revenue Code of 1954 (26 U.S.C., Sec. 501(c) or (d)? Yes _____ No _____

11. Has the property above been the subject of any prior application to the Planning Commission or Zoning Hearing Board? Yes _____ No _____. If yes, provide date: _____ Planning, _____ Zoning.

12. Is the proposed permit for an address located in a flood zone? Yes _____ No _____.

13. Will there be a change in the grade of the property upon permit: Yes _____ No _____.

The undersigned do(es) hereby make application as indicated and testify that the information contained herein is true and correct.

Signed _____ Date _____

Print Name _____ Phone Number _____

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\$ _____ Filing Fee Received	Date _____
Received By _____	

