



APPLICATION FOR ZONING PERMIT

Annville Township

36 N. Lancaster Street
PO Box 178
Annville, PA 17003
Phone: 717-867-4476 Fax: 717-867-0916
www.annvilletwp.com

PERMIT #:
DATE:

Applicant's Name: _____ Phone No. _____

Address: _____

Owner's Name: _____ Phone No. _____

Address: _____

Address of Property: _____

Description of New Structure or Modification: _____

Structure/Modification will contain _____ square feet and a height of _____ from grade to the highest point.

Dimension: _____ Value of the Completed Structure or Modification: _____

Proposed Use: _____ (Excluding Land)

Date of Completion: _____

PROVIDE ONE (1) PLOT PLAN WHICH CLEARLY SHOWS:

1. The dimensions and shape of the lot to be built upon.
2. The location and dimensions (length & width) of all existing buildings on the lot.
3. The location and dimensions (length, width, & height) of all proposed buildings or additions to buildings and off-street parking and/or loading facilities.
4. The setback dimensions for all proposed buildings or additions to buildings, measured from the side and rear property lines and the abutting sheet centerline.
5. The location of sanitary sewer and water supply facilities.
6. A statement indicating the existing and proposed use.
7. Altering or constructing a new driveway requires completing a driveway permit application.

Date

Applicant's Signature

ZONING OFFICERS ONLY

This application is: Approved () Denied ()

Date: _____ Zoning Officers Signature: _____

Comments: _____

Deposit Paid: _____ Zoning Permit Fee: _____ Inspection Fee: _____ Admin: _____

Total Fee Due: _____ Zoning District: _____ Tax Map Number: _____
