

Waterford Township
12451 Circuit Street
Waterford, PA 16441
814-796-3413
zoning.wfwdtwp@icloud.com

ZONING OFFICE USE ONLY

Date Received _____
Application Fee _____
Zoning District _____
County Index No. (47) _____ - _____ - _____
Zoning Permit No. _____

Zoning Permit Application

Residential

Non-Residential

Estimated Project Cost \$ _____ Tax Abatement Eligible Yes No

Property and Owner Information

Address of Project Site _____ Subdivision (if applicable) _____
Lot Width _____ Lot Depth _____ Acres _____ Irregular Shape Lot _____
Property Owner _____ Phone # _____
Mailing Address _____ Email _____
(not same as project location) _____

Proposed Project and/or Use

Identify type of project and/or Use:

New Structure

Addition to Existing Structure

Accessory Structure

New Use or Change of Use

Non-Residential Renovation

Describe the project (i.e. shed, single family, retail, family room addition, renovation, above/in-ground pool, etc., retail to church)

Dimension of Structure or Use _____ ft. X _____ ft. Total Square Feet _____ Height of Structure _____ ft.
width depth

Utilities

Public Sewer? Yes No If no, septic permit is required Septic Permit # _____

Septic System Properties: change of use may require Department of Health's approval

Water Service? Yes No

Proposed Project Setbacks / Required Regulations

Note: measurement is taken from proposed structure to property line. Zoning district determines the setback requirements.

	<u>Requirement</u>		<u>Proposed</u>
Front Yard	_____ ft.		_____ ft.
Rear Yard	_____ ft.		_____ ft.
Side Yard	_____ ft. (N S E W)		_____ ft.
Side Yard	_____ ft. (N S E W)	Direction	_____ ft.

Criteria for determining setbacks

Is property a Corner Lot? No
 Yes Is project near a Stream? No

Need to determine which is front & side yard by review of previous permit
 DEP requires a 50 ft. setback

Current use of the property:

Residential Non-Residential Agricultural Vacant

Describe the present use of the property (i.e. single family, multi-family, retail, medical clinic, farming, etc.) _____

Is the current use permitted? Yes No Legal Non-Conforming Illegal Non-Conforming

Stormwater Management (Small Project Application to be completed)

Will project have 1,001 – 2,500 sq. ft. of new impervious area?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Small Project Application submitted?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date of Submittal _____
Stormwater Approved by Township Engineer	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date of Approval _____
Will project have 2,501 – 4,999 sq. ft. of new imperious?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Small Project Application & Volume Controls submitted?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date of Submittal _____
Stormwater Approved by Township Engineer?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date of Approval _____
Will project have over 5,000 sq. ft. of new impervious?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Full Stormwater Management Plan submitted?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date of Submittal _____
Stormwater Approved by Township Engineer?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date of Approval _____

Non-Residential

Does proposed project require Land Development? Yes No

Type of Land Development: Staff Review Minor Major

Parking Spaces # of Existing Spaces _____ Current Dimension _____ ft. X _____ ft.

of Required Spaces _____ New Dimension 10 ft. X 20 ft.

(if project consists of an expansion or change of use additional parking may be required)

Explanation

Highway Occupancy Permit	Yes <input type="checkbox"/> No <input type="checkbox"/>	new driveway on State Rd requires permit/change of use may require permit with PennDOT
Sidewalk	Yes <input type="checkbox"/> No <input type="checkbox"/>	new, change of use, or major renovation requires a sidewalk. See district location ord.
Landscaping	Yes <input type="checkbox"/> No <input type="checkbox"/>	new, change of use, or major renovation may require greenspace

Plot Plan

Draw the plot plan below or attach Ariel View (an ariel view can be obtained by zoning office)

Applicant

If the applicant is not the landowner of record, upon the request of the Zoning Official, information may need to be presented (i.e. sales agreement, job contract, affidavit, etc.), to determine that the applicant has the legal right to make application.

Applicant Name

Applicant Address

Applicant Phone Number

Business Name (if applicable)

I hereby acknowledge the information on the application for zoning permit is true and correct, and I hereby agree that all applicable provisions of the Waterford Township Zoning Ordinance shall be complied with. Failure to comply with provisions of Waterford Township Zoning Ordinance may result in revocation of this permit.

Applicant Signature

Date

FOR ZONING OFFICIALS USE ONLY

County Index No. (47) _____ - _____ - _____ Zoning Classification _____ Permit # _____ Date _____

Project Requires Building Permit Yes () No () Setback Verified _____
Date Verified _____

Approved () Denied () **Zoning Official Signature** _____ Date _____

Reason for Denial (i.e. setback non-compliance, use not permitted, etc.)

Appeal File: Yes () No () Date of Hearing/Decision _____

ZHB Signatures _____