## Mahoning/Cooper Township Supervisors APPLICATION FOR ZONING PERMIT

Application is hereby made for a permit to erect or alter a structure, install a fence, patio on or above ground, which shall be located as shown on diagram on reverse side of this sheet and to use the premises for the purposes described herein. The information, which follows, together with location diagram, is made part of the application by the undersigned. It is required to have the following completed before applying for a permit, when applicable.

Land Subdivision Approval. Sewage Permit and design of Septic System/Public Water & Sewer Permit # Driveway Permit, from Township or HOP from Penn Dot. County E & S Plan approval letter/Storm water infiltration System Design and location. Site Plan Certificate of insurance APPLICATION & ZONING PERMIT NO. ISSUED FEE \$

(Applicant complete items A through D) \$20.00 FILING FEE + \$10.00 PER THOUSAND A. LOCATION, OWNERSHIP AND PRESENT USE OF PROPERTY: 1. Street Number\_\_\_\_\_\_ 2. Record Owner\_\_\_\_\_ 3. Owner's Address\_\_\_\_\_\_ 4. Present use of Land Lot acreage or square footage\_\_\_\_\_ 6. Site is located in \_\_\_\_\_ Zoning District as shown on Zoning Map.7. Site is located in \_\_\_\_\_ Township. B. PROPOSED USE OF STRUCTURE AND/OR LAND: 1. Type of work: New Structure Addition Alteration Occupancy Change of Use Sign razing Other\_\_\_\_\_

2. Description of work\_\_\_\_\_\_ Permitted, Prohibited\_\_\_\_\_\_ Other\_\_\_\_ 3. Area of Existing Building \_\_\_\_\_ Front Setback \_\_\_\_\_ Side Setback \_\_\_\_\_ 4. Area of proposed building \_\_\_\_\_ Rear Setback \_\_\_\_\_ Side Setback \_\_\_\_\_ 5. Height of proposed structure \_\_\_\_\_ 6. Type of Sewage disposal—Public\_\_\_\_\_\_ Private\_\_\_\_\_7. Type of Water supply—Public\_\_\_\_\_\_ Private \_\_\_\_\_\_ 8. Number of off street parking spaces proposed\_\_\_\_\_ 9. Commercial\_\_\_\_\_ Residential\_\_\_\_\_ COST ESTIMATE \$\_\_\_\_\_ C. APPLICANT: Owner, Lessee, or Authorized agent for owner of Property\_\_\_\_\_\_\_ 2. Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_ 3. Phone Number Day\_\_\_\_\_\_ Night\_\_\_\_ D. REFERENCES: 1. Plan attached. YES NO 2. Show diagram on back of this sheet, with front, side & rear yard setbacks. E. APPROVAL & DATES OF ACTION TAKEN: 1. Application approved Yes No Date\_\_\_\_\_Zoning Officer\_\_\_\_\_ 2. Reason for Denial \_\_\_\_\_ 3. Applied to Zoning Hearing Board YES NO Date\_\_\_\_\_ 4. Board Decision GRANTED DENIED Date 5. Referred to Planning Commission YES NO Date\_\_\_\_\_ Approved YES NO Date 6. Approved as meeting Zoning Ordinance \_\_\_\_\_ Date\_\_