

Plumstead Township

5186 Stump Road, PO Box 387, Plumsteadville, PA 18949

Zoning Department Phone: (215) 766-2088

Township Fax: (215) 766-9831

Zoning Permit Application

FOR TOWNSHIP USE ONLY:

Please Print All Information (except required signatures)

Site's Street Address: _____

Nearest Cross-Street: _____ Subdivision: _____ Lot #: _____

Township Permit #: _____

Tax Map Parcel #: 34-

Applicant: _____ Record Property Owner: _____

Mailing Street Address: _____ Mailing Street Address: _____

City, State & Zip Code: _____ City, State & Zip Code: _____

Phone Number (H): () _____ Phone Number (H): () _____

Phone Number (W): () _____ Phone Number (W): () _____

Site is **CURRENTLY** Used For (circle all that are appropriate): Land Only Agricultural Residential Commercial Industrial

If Residential Use, indicate the Number of Existing Dwelling Units: _____ How Many Are Rental Units?: _____

Are ALL Rental Occupants listed with the Township? - REGISTRATION REQUIRED (circle one): N/A Yes No

Are there ANY Roomers, Boarders, Lodgers, etc. residing at this site? - PERMIT REQUIRED (circle one): Yes No

If Commercial/Industrial Use(s), indicate the Number of Individual Businesses on property: _____

Are ALL Individual Businesses displaying a Township Certificate of Occupancy? - REQUIRED (circle one): Yes No

This Application Submission is for a **PROPOSED**:

Dimensions: _____ (length) x _____ (width) x _____ (height)

The REQUIRED Site Plan, see reverse side for checklist of requirements, is attached to this application (circle one): Yes No

If Commercial / Industrial Use, indicate Proposed Business' Name: _____

Proposed Business' Number of Employees: _____ Number of Vehicle Parking Spaces: _____

If New Tenant in an Existing Space, indicate Previous Tenant's Name: _____

Previous Tenant's Number of Employees: _____ Number of Vehicle Parking Spaces: _____

A Zoning Permit approval (and, ultimately, a Certificate of Occupancy) shall be deemed NULL AND VOID if the applicant and/or owner fails to clearly and precisely disclose any deed restrictions, easements, right-of-ways, buffers, open space, etc. that may be applicable to the subject property.

A Zoning Permit approval shall authorize an intended use or a change in use of the building or land as specified. The right to proceed is limited to within one (1) year after a zoning permit approval. No Zoning Permit shall be considered as complete or as permanently effective until the applicant or owner is in receipt of a Certificate of Occupancy issued by Plumstead Township.

The undersigned hereby affirms that the foregoing information and attachments are true and correct to the best of said persons knowledge, information, and belief; said affirmation being made subject to the penalties prescribed by 18 Pa. C.S.A., Section 4904 (un-sworn falsification to authorities).

Applicant's Signature (REQUIRED) _____ Date _____

Property Owner's Signature (REQUIRED) _____ Date _____

FOR TOWNSHIP USE ONLY:

Approved By: _____ Date _____ ZonFee _____ C/O Fee _____ ZonDist _____ BuildUseGroup _____ BuildConstType _____

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ZonUse and Description: _____