

1/3/2023

# HAZLE TOWNSHIP ZONING

P.O. BOX 506  
HARLEIGH, PA 18225-0506  
zoning@hazletownship.com

## CERTIFICATE OF ZONING COMPLIANCE RESIDENTIAL LICENSE PERMIT

APPLICATION DATE: \_\_\_\_\_ OCCUPANCY DATE: \_\_\_\_\_

BUYER/TENANT NAME : \_\_\_\_\_

PROPERTY (Street) ADDRESS: \_\_\_\_\_

If Different MAILING ADDRESS \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

BUYER/TENANT'S PRIOR ADDRESS: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

ARE YOU: \_\_\_\_\_ RENTING? OWNERS NAME \_\_\_\_\_ PHONE# \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

PRIOR OWNERS NAME: \_\_\_\_\_

IS PROPERTY SERVICED BY: \_\_\_\_\_ SEPTIC SYSTEM? \_\_\_\_\_ PUBLIC SEWER?  
\_\_\_\_\_ WATER \_\_\_\_\_ PRIVATE WELL

APPLICANT'S TELEPHONE NO: HOME/CELL: \_\_\_\_\_ WORK: \_\_\_\_\_

**I DECLARE UNDER PENALTY OR PERJURY THAT THE FOREGOING IS TRUE AND CORRECT**

APPLICANT'S SIGNATURE \_\_\_\_\_ PRINT NAME \_\_\_\_\_

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**This to certify that the applicant above named had applied for and received an occupancy permit for Hazle Township.**

PERMIT FEE: \$ \_\_\_\_\_ Permit # R \_\_\_\_\_

CH# \_\_\_\_\_ Credit Card \_\_\_\_\_

\_\_\_\_\_  
ZONING/PERMITS OFFICER

\_\_\_\_\_  
DATE

### RESIDENTIAL FEES:

1. **EXISTING HOME:**\$20.00                      **NEW Home:** \$30.00 - Upon Passing Final Inspection
2.     \$70.00 after occupancy date or within 30 days of occupancy.
3.     \$130.00 after 30 days of occupancy.

### DEPARTMENTS NOTIFIED:

\_\_\_\_\_ TAX COLLECTOR/REFUSE  
\_\_\_\_\_ HAZLETON CITY AUTHORITY  
\_\_\_\_\_ EAGLE ROCK

\_\_\_\_\_ MUNICIPAL AUTHORITY  
\_\_\_\_\_ FIRE COMPANY  
\_\_\_\_\_ GHJSA  
\_\_\_\_\_ AQUA PA