

# Hazle Township Zoning

PO Box 506

Harleigh, Pa. 18225

P-570-455-2030 C-570-233-0126

Physical Address: 101 West 27<sup>th</sup> Street Hazle Township, Pa. 18202

www.hazle township.com | [zoning@hazletownship.com](mailto:zoning@hazletownship.com)

## ZONING PERMIT APPLICATION

**Zoning Permit applications are required prior to using land of a structure, or construct, alter or demolish a structure in Hazle Township. Applications must be complete upon submittal and, must be reviewed by the Zoning Officer for approval.**

### SECTION 1 DATE OF APPLICATION AND PROPERTY LOCATION

A. Property address and location:

\_\_\_\_\_

B. Deed Owner and Address:

\_\_\_\_\_

- Contact Number: \_\_\_\_\_
- Contact Email: \_\_\_\_\_

### SECTION 2. APPLICANT INFORMATION IF DIFFERENT THAN PROPERTY OWNER

A. Applicants Name and Address:

\_\_\_\_\_

Contact Number: \_\_\_\_\_ Email: \_\_\_\_\_

B. Stake or Interest in Property:

Owner of Record  Tenant with Lease  Option Holder

Buyer Under Agreement of Sale  Other \_\_\_\_\_

### SECTION 3. APPLICATION REASON:

### TYPE OF WORK

- |                                       |  |  |
|---------------------------------------|--|--|
| <input type="checkbox"/> New Building | <input type="checkbox"/> Pool          | <input type="checkbox"/> New Construction    |
| <input type="checkbox"/> Shed         | <input type="checkbox"/> Deck          | <input type="checkbox"/> Addition            |
| <input type="checkbox"/> Gazebo       | <input type="checkbox"/> Car Port      | <input type="checkbox"/> Repair/Alter/Change |
| <input type="checkbox"/> Fence        | <input type="checkbox"/> Change Of Use | <input type="checkbox"/> Demolition          |
| <input type="checkbox"/> Sign         |  |  |

**SECTION 4. PRESENT USE OF PROPERTY**

Vacant Land                       Multi Family Dwelling                      Other: \_\_\_\_\_  
 Single Family Dwelling                       Commercial  
 Two Family Dwelling                       Industrial

**C. SIZE AND TYPE OF EXISTING LOT**

Width: \_\_\_\_\_ Length: \_\_\_\_\_ Square Feet/Acres: \_\_\_\_\_

Corner Lot: Yes or No                      Number of Existing Buildings On Lot: \_\_\_\_\_

**SECTION 5. ZONING INFORMATION (COMPLETE FOR NEW BUILDINGS, ADDITIONS and CHANGE OF USES OF EXISTING STRUCTURES)**

Lot Size (sq. ft.) Current: \_\_\_\_\_ Proposed: \_\_\_\_\_

Lot width (ft.) Current: \_\_\_\_\_ Proposed: \_\_\_\_\_

Lot Depth (ft.) Current: \_\_\_\_\_ Proposed: \_\_\_\_\_

Building Setback: (ft)Current: \_\_\_\_\_ Proposed: \_\_\_\_\_

Front Yard \_\_\_\_\_ Left Side \_\_\_\_\_ Right Side \_\_\_\_\_ Rear \_\_\_\_\_

Building Height                      Current: \_\_\_\_\_ Proposed: \_\_\_\_\_

Number of Off Street Parking Spaces: Current: \_\_\_\_\_ Proposed: \_\_\_\_\_

Size of Lot Area to be Used: \_\_\_\_\_ (Sq. ft.)

*By signing below, the applicant and owner verify that the information contained in this application and the documents attached are true and correct to the best of his/her/their knowledge, information and belief. The applicant and owner understand that false statements made herein are subject to penalties of 18 Pa. C.S.A. Section 4904 relating to unsworn falsification to authorities. If the application is not signed by the owner, the applicant certifies that the applicant is authorized by the owner to make this application and the applicant agreed to inform the owner of the approval (with conditions if any) or denial of the application.*

\_\_\_\_\_ SIGNATURE OF OWNER                      \_\_\_\_\_ Date

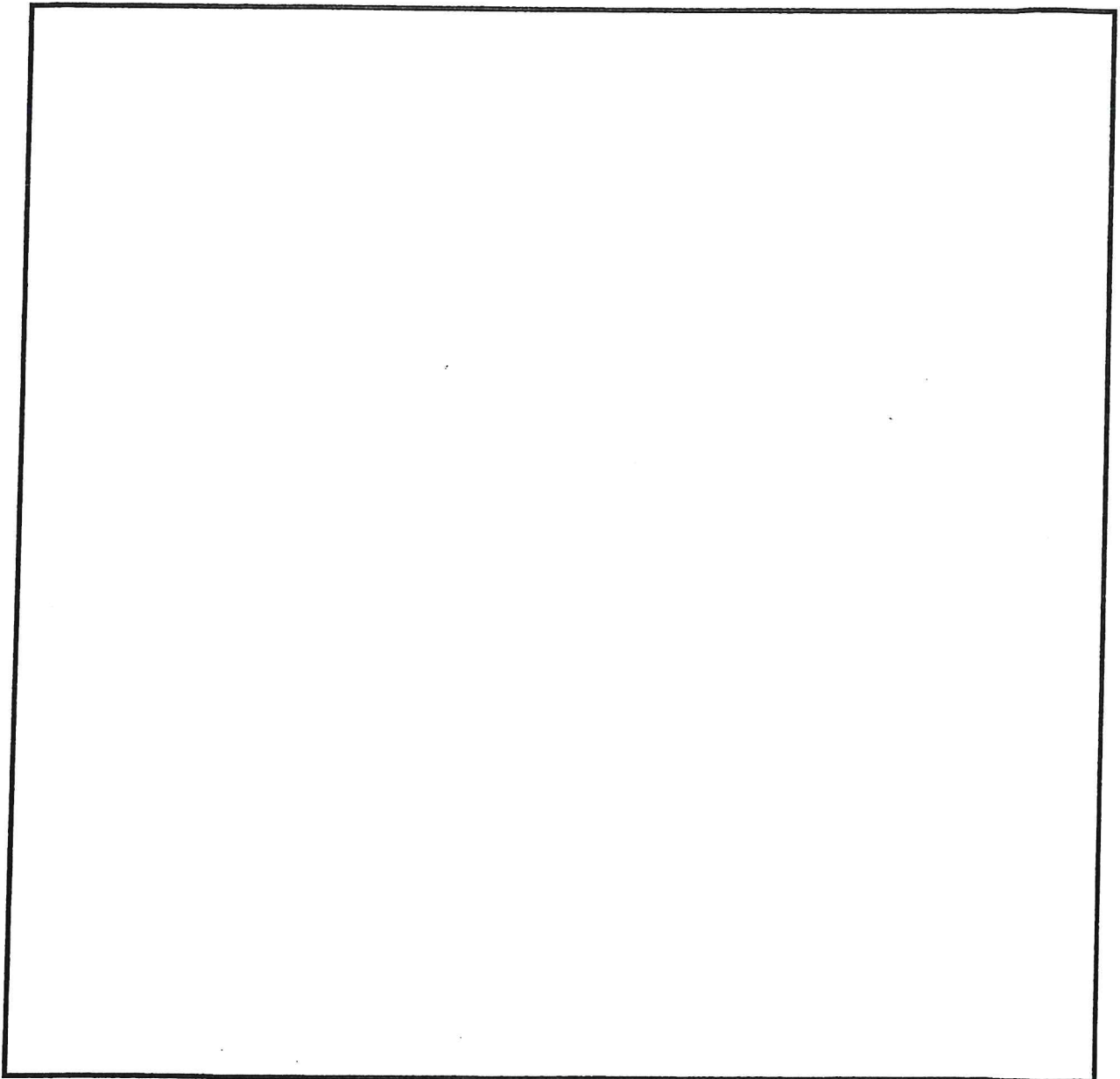
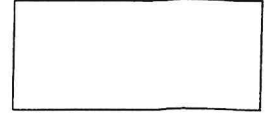
\_\_\_\_\_ SIGNATURE OF APPLICANT                      \_\_\_\_\_ Date

**\*\*\$30.00 Residential Fee\*\***

**\*\*80.00 Commercial Fee\*\***

**SKETCH PLAN**

**Indicate North**



**I will have the structure built and located in accordance with the dimensions indicated above.**

**Date:** \_\_\_\_\_

\_\_\_\_\_  
**Signature of Applicant**

1 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>
2 <input type="checkbox"/>	6 <input type="checkbox"/>	10 <input type="checkbox"/>
3 <input type="checkbox"/>	7 <input type="checkbox"/>	11 <input type="checkbox"/>
4 <input type="checkbox"/>	8 <input type="checkbox"/>	

Please choose which of the options shows where you wish to place the structure on the property.

OFFICIAL USE ONLY

\*\*\*\*\*

Date Received: \_\_\_\_\_ Fee Paid: \_\_\_\_\_  
APPROVED \_\_\_\_\_ DENIED \_\_\_\_\_ THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_\_. IF  
APPROVED, THE APPROVAL IS SUBJECT TO THE FOLLOWING CONDITIONS:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

ZONING OFFICER

IF THE ZONING PERMIT APPLICATION IS DENIED, A COPY OF THE DENIAL LETTER  
MUST BE ATTACHED.