

**HARVEYS LAKE BOROUGH
PERMIT APPLICATION**

AS OF JANUARY 4, 2011 THERE IS A PERMIT FEE OF \$40 FOR EACH PERMIT SUBMITTED

APPLICATION DATE: _____

1. ADDRESS/LOCATION OF PROPERTY:

2. ZONING DISTRICT IN WHICH THE PROPERTY IS LOCATED: _____

3. APPLICANT'S NAME, ADDRESS and PHONE NUMBER:

NAME _____

ADDRESS _____

PHONE _____

4. OWNER'S NAME, ADDRESS and PHONE NUMBER (if not applicant)

NAME _____

ADDRESS _____

PHONE _____

5. PROVIDE A DETAILED NARRATIVE WHICH EXPLAINS EXACTLY WHAT YOU ARE DOING:

9. ATTACH A SKETCH WHICH ADEQUATELY ILLUSTRATES THE EXISTING AND PROPOSED DEVELOPMENT. INCLUDE THE LOT SIZE, DIMENSION OF EXISTING AND PROPOSED STRUCTURES, SETBACK DISTANCES TO PROPERTY LINES AND ANY OFF-STREET PARKING. THE SKETCH SHALL BE CONSIDERED PART OF THE APPLICATION.

FAILURE TO PROVIDE A SITE PLAN WILL RESULT IN YOUR APPLICATION BEING DEEMED INCOMPLETE AND IT WILL BE RETURNED TO YOU.

7. **SIZE OF LOT:**

_____ WIDTH
_____ DEPTH
_____ ACRES/SQUARE FEET

8. **PROVIDE THE LOCATION OF PROPOSED STRUCTURE/USE ON LOT, INCLUDING ADDITION IF APPLICABLE**

___ FEET TO FRONT YARD PROPERTY LINE
___ FEET TO REAR YARD PROPERTY LINE
___ FEET TO SIDE YARD PROPERTY LINE
___ FEET TO SIDE YARD PROPERTY LINE
___ MAXIMUM HEIGHT OF STRUCTURE.

9. **IF YOU ARE ERECTING A NEW STRUCTURE AND/OR REQUIRE A SEWAGE CONNECTION TO AN EXISTING STRUCTURE, PLEASE CHECK THE TYPE OF SEWAGE:**

_____ ON-LOT
_____ CENTRAL SEWAGE
_____ OTHER (approval and permit from SEO needed)

ATTACH A COPY OF THE APPROPRIATE APPROVAL FOR THE ABOVE TYPE OF SEWAGE.

YOUR ZONING PERMIT CANNOT BE PROCESSED WITHOUT IT.

10. **IF YOU ARE ERECTING A NEW STRUCTURE, AND/OR CREATING A NEW POINT OR ALTERED POINT OF ACCESS TO YOUR PROPERTY, YOU WILL NEED TO SECURE APPROVAL FOR ACCESS ONTO THE ADJOINING ROAD OR STREET.**

- **IF THE ROAD IS A STATE HIGHWAY, YOU WILL NEED TO SECURE APPROVAL OF A HIGHWAY OCCUPANCY PERMIT FROM PENNDOT.**
- **IF THE ROAD IS A BOROUGH ROAD, YOU WILL NEED TO SECURE APPROVAL OF A DRIVEWAY FROM HARVEYS LAKE BOROUGH.**

YOUR ZONING PERMIT CANNOT BE PROCESSED WITHOUT IT.

Contractors Name: _____

Address: _____

Phone #: _____

PA State License #: _____

Official use:				
Is Building Permit Required:	_____	YES	_____	NO
Is DEP Permit Required:	_____	YES	_____	NO
Is Sewer Permit Required:	_____	YES	_____	NO

Start date: _____

End date: _____

Job Cost Est.: _____

I HEREBY CERTIFY THAT THE INFORMATION CONTAINED WITHIN THIS APPLICATIONS IS TRUE, CORRECT AND ACCURATE TO THE BEST OF MY KNOWLEDGE. IT IS UNDERSTOOD AND AGREED BY THIS APPLICANT THAT AN ERROR, MISSTATEMENT, OR MISREPRESENTATION OF MATERIAL FACT, EITHER WITH OR WITHOUT INTENTION ON THE PART OF THIS APPLICANT, SHALL CONSTITUTE SUFFICIENT GROUNDS FOR THE REVOCATION OF THIS PERMIT.

SIGNATURE OF APPLICANT

DATE

SIGNATURE OF OWNER

DATE

THE OWNER'S SIGNATURE IS ALWAYS REQUIRED

FAILURE TO PROVIDE OWNER'S SIGNATURE
WILL RESULT IN YOUR APPLICATION BEING DEEMED
INCOMPLETE AND IT WILL BE RETURNED TO YOU

**ALL INFORMATION BELOW IS TO BE COMPLETED
BY BOROUGH ZONING OFFICER**

_____ **APPROVED** _____ **DENIED**

SIGNATURE OF ZONING OFFICER

DATE

A. IF THE PERMIT IS DENIED, THE ZONING OFFICER SHALL NOTE THE APPLICABLE SECTIONS/BASIS OF DENIAL BELOW:

B. A COPY OF THE ZONING OFFICER'S OFFICIAL LETTER OF DENIAL SHALL BE ATTACHED TO THIS PERMIT.

C. HAS THE APPLICANT/OWNER REQUESTED AN APPEAL OF THE ZONING OFFICER'S DECISION TO THE ZONING HEARING BOARD?

_____ **YES** _____ **NO**
_____ **UNDECIDED/PENDING**

D. IF APPLICABLE, DATE OF WRITTEN REQUEST OF APPEAL: _____

ATTACH COPY OF APPLICANT/OWNER'S WRITTEN REQUEST FOR APPEAL TO ZONING HEARING BOARD.

E. IF APPLICABLE, DATE OF SCHEDULED ZONING HEARING BOARD MEETING: _____