

Main Township
345 Church Road, Bloomsburg, PA 17815
570-784-6770

Date Received _____
Date Issued to Applicant _____

Permit No. _____
Check No. _____

I. APPLICANT DATA

(Please Print)

Name _____ Phone _____

Address _____

Name & address of owner if other than applicant

Signature of applicant _____ Date _____

Signature of owner _____ Date _____

II. SITE LOCATION DATA

Address of property for Zoning Permit

Zoning classification/district _____ Tax Parcel No. _____

III. PROPOSED USE DATA

A. Type of Activity *(Check all applicable responses)*

_____ New construction	_____ Relocation of existing structure
_____ Addition to existing structure	_____ Change of use
_____ Alteration to existing structure	_____ Erection of sign(s)
_____ Change or extension of nonconforming use	_____ Wind Energy
_____ Seasonal / Temporary	_____ Other _____

B. Proposed Principal / Accessory Use *(Check and complete all applicable responses)*

_____ Residential	_____ Commercial
_____ Industrial	_____ Institutional
_____ Recreational	_____ Single-family detached
_____ Single-family attached	_____ Multi-family; # of units _____
_____ Mobile home	_____ Mobile home park - # of units _____
_____ Garage/Carport	_____ Storage Structure
_____ Private swimming pool	_____ Energy Source
_____ Deck/Patio/Porch	_____ Enclosed _____ Unenclosed
_____ Sign	_____ Home occupation/Professional office
_____ Other _____	

IV. STRUCTURAL CHARACTERISTICS/DATA

Complete the following as they relate to your permit request.

A. Yard Dimension & Building / Accessory Location *(Complete all applicable responses)*

Total lot area (sq.ft. or acres) _____ Lot size _____ ft. x _____ ft.

Building / Accessory location measured from adjoining property line & street right of way:

Front yard depth: _____ ft. Rear yard depth: _____ ft.

Side yards: Left side _____ ft. Right side _____ ft.

B. Building / Apparatus / Sign Dimension *(Complete all applicable responses)*

Building _____ Apparatus _____ Sign _____

Length _____ ft Width _____ ft Height _____ ft

Total gross floor area _____ sq. ft.

C. Support & Construction Data *(Complete all applicable responses)*

Contractor Name _____ Phone _____

Type of sewage system _____ Type of water supply _____

Number of off-street parking spaces to be provided *(if applicable)* _____

Estimated: Starting Date _____ Completion Date _____ Occupancy Date _____

Issuance of this Permit may be appealed by any aggrieved party within 30 days of its issuance.

Completion and submission of this Application shall not relieve the applicant from obtaining such other permits as may be required by other local, state or federal regulations or laws.

VI. DISPOSITION *(To be completed by the Zoning Officer)*

Signature of Zoning Officer _____ Date _____

Fee Collected _____ Date approved _____ Permit # _____

Date disapproved _____ Reason for disapproval: _____

If permit is denied one of the following may be applicable: Variance, Special Exception, Conditional Use, or Other.

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IMPORTANT NOTES!!

Provide a sketch of the proposed use or structure on the plan on page 4 of this Application, or a set of plans may be attached if they clearly show the building(s) & lot's relationship to property lines.

If the property is located in a floodplain, a copy of a benchmark from the site should also be attached and must be properly signed and sealed by a registered professional land surveyor, engineer or architect.)

On completion of your project you are required to obtain a **Certificate of Compliance** signed by the Zoning Officer. Please mail the completed Certificate of Compliance, or call the Zoning Officer, for an inspection upon completion.

Work authorized by this Zoning Permit must be completed within 12 months of the date of Permit issuance.

A ***Building Permit*** may also be required. Please contact the Larry C Frace Inspections LLC Building Inspection Office at 570-387-0687.

Pennsylvania Act 287 requires excavators, private land owners, contractors, developers and farmers to call PA One Call at 8-1-1 or 800-242-1772 three business days before any kind of digging occurs with power equipment.

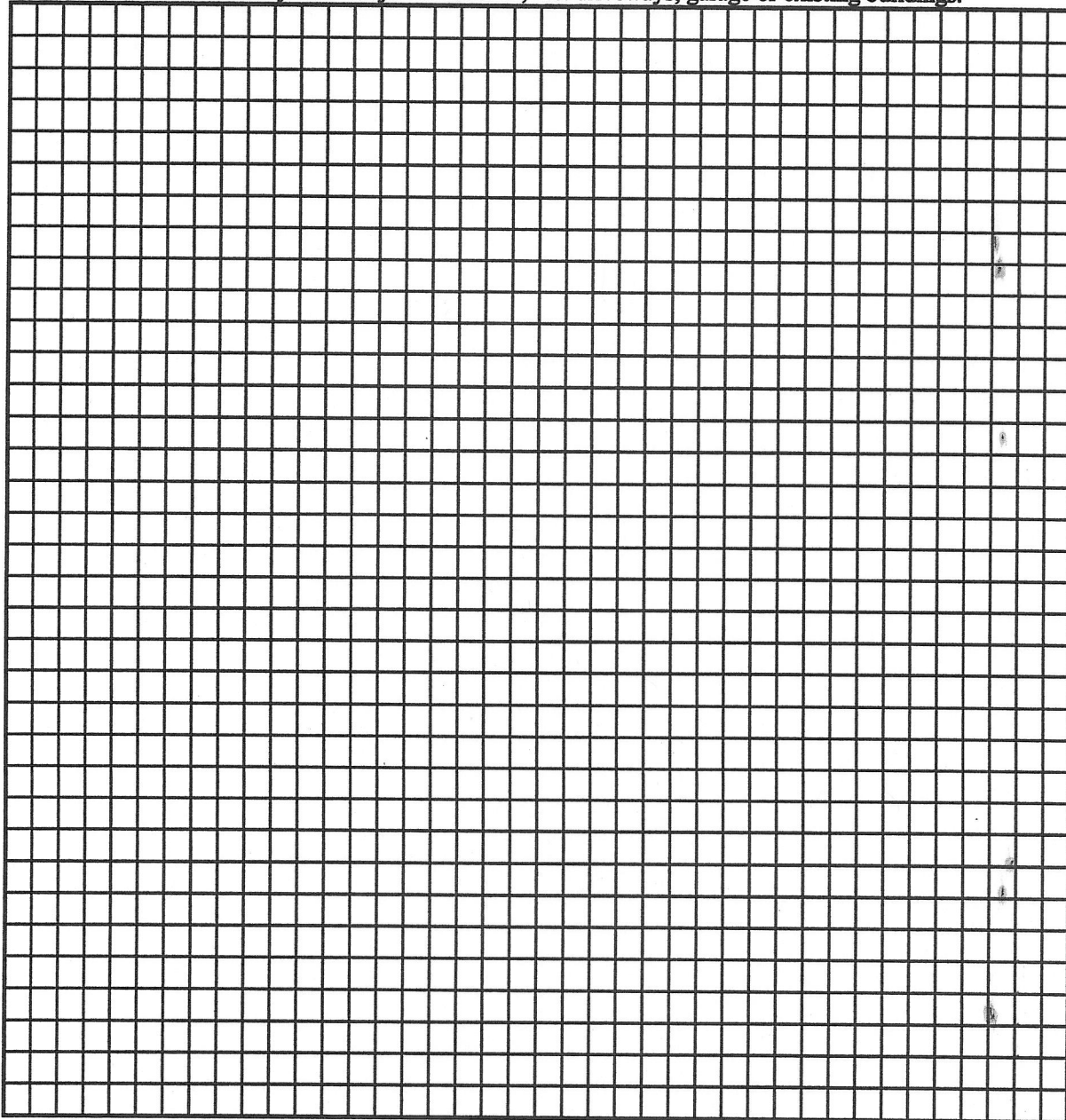
Please direct any questions to Zoning/Code Enforcement Officer Larry Frace at 570-387-0687 or 570-204-0457 or lcfrace@hotmail.com.

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LOCATION SKETCH

Instructions -- the location sketch should show:

1. The relationship of the lot to adjoining properties and road systems.
2. The general shape of the lot and the location of the proposed building(s), as well as existing building locations on the parcel.
3. The dimensions of the lot lines.
4. The approximate location of any well or sewage system.
5. The location of any other major lot features, i.e. driveways, garage or existing buildings.



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570-799-5710

Application for **CERTIFICATE OF COMPLIANCE**

Main Township

(PLEASE PRINT - To be completed by all applicants for fulfillment of Zoning permit requirements.)

Zoning Permit # _____ Parcel # _____ Name _____

In accordance with the provisions of the Main Township Zoning Ordinance, I hereby
apply for a Certificate of Compliance for:

a) _____ recently-completed construction; or b) _____ a recently-established use
which is located at : _____.

The construction was completed/use was established on _____.

Signature of Applicant _____

(To be completed by the Zoning Officer)

CERTIFICATION

After an inspection of the above-referenced site, I hereby _____ the issuance of a
Certificate of Compliance to _____, for the construction
and/or use of a _____
in the _____ Zoning District of the Township.

As Zoning Officer, I certify that the construction and/or use _____ is in conformance with the provisions of
the Main Township Zoning Ordinance and _____ completed in accordance with the terms of Zoning
Permit Number _____ issued on _____.

Signature of Zoning Officer _____ Date _____