

Locust Township  
1223A Numedia Drive, Catawissa, PA 17820  
570-799-5710

For all Zoning Permits a completed, signed application is required along with the required fee. Applications not fully completed will be returned. Please check the Locust Township Zoning Ordinance for what is allowed in the Zoning District in which you live and contact us with any questions you may have. If you are still unsure or have questions, please seek legal advice.

When you submit a Zoning Permit application for new construction of a house the following additional information is required:

- ✓ A copy of the well permit
- ✓ A copy of the on-lot sewage permit
- ✓ A copy of the signed application for a sewage permit
- ✓ A copy of the soil and perc. test results
- ✓ A copy of the driveway permit. For driveway access to state roads contact Tom Parr @ 570-275-0441 (PADOT). For driveway access to township roads contact Larry Frace @ 570-993-4098.

FEES:

Buildings and any other man-made structure.

Fees for the issuance of a Zoning Permit for the construction, erection, placement, addition or alteration of a any man-made structure (including buildings, decks, porches, fences, etc., whether open or enclosed, stationary or fixed) shall be as follows:

\$35.00 up to \$5000.00  
\$60.00 for \$5001.00-\$25,000  
\$5.00 for every \$1000.00 over \$25,001

Upon completion of the project, please mail the Certificate of Compliance to the Zoning Officer for final inspection. You have 12 months to complete your project, if it is not finished in that time frame, you must request an extension in writing.

Questions concerning completion of the zoning applications should be directed to Zoning/Code Enforcement Officer Larry C Frace at 570-993-4098, or [lcfrace@hotmail.com](mailto:lcfrace@hotmail.com).

Make checks payable to Locust Township and return the completed application to:

Zoning & Code Enforcement  
Larry C Frace Inspections LLC  
Bloomsburg, PA 17815

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)*

- |   |   |
|---|---|
| <input type="checkbox"/> New construction                         | <input type="checkbox"/> Relocation of existing structure |
| <input type="checkbox"/> Addition to existing structure           | <input type="checkbox"/> Change of use                    |
| <input type="checkbox"/> Alteration to existing structure         | <input type="checkbox"/> Erection of sign(s)              |
| <input type="checkbox"/> Change or extension of nonconforming use | <input type="checkbox"/> Wind Energy                      |
| <input type="checkbox"/> Seasonal / Temporary                     | <input type="checkbox"/> Other _____                      |

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

- |   |  |
|---|--|
| <input type="checkbox"/> Residential            | <input type="checkbox"/> Commercial                          |
| <input type="checkbox"/> Industrial             | <input type="checkbox"/> Institutional                       |
| <input type="checkbox"/> Recreational           | <input type="checkbox"/> Single-family detached              |
| <input type="checkbox"/> Single-family attached | <input type="checkbox"/> Multi-family; # of units _____      |
| <input type="checkbox"/> Mobile home            | <input type="checkbox"/> Mobile home park - # of units _____ |
| <input type="checkbox"/> Garage/Carport         | <input type="checkbox"/> Storage Structure                   |
| <input type="checkbox"/> Private swimming pool  | <input type="checkbox"/> Energy Source                       |
| <input type="checkbox"/> Deck/Patio/Porch       | <input type="checkbox"/> Enclosed _____ Unenclosed           |
| <input type="checkbox"/> Sign                   | <input type="checkbox"/> Home occupation/Professional office |
| <input type="checkbox"/> 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 \_\_\_\_\_

Cost of the project \_\_\_\_\_

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 570-993-4098.

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.

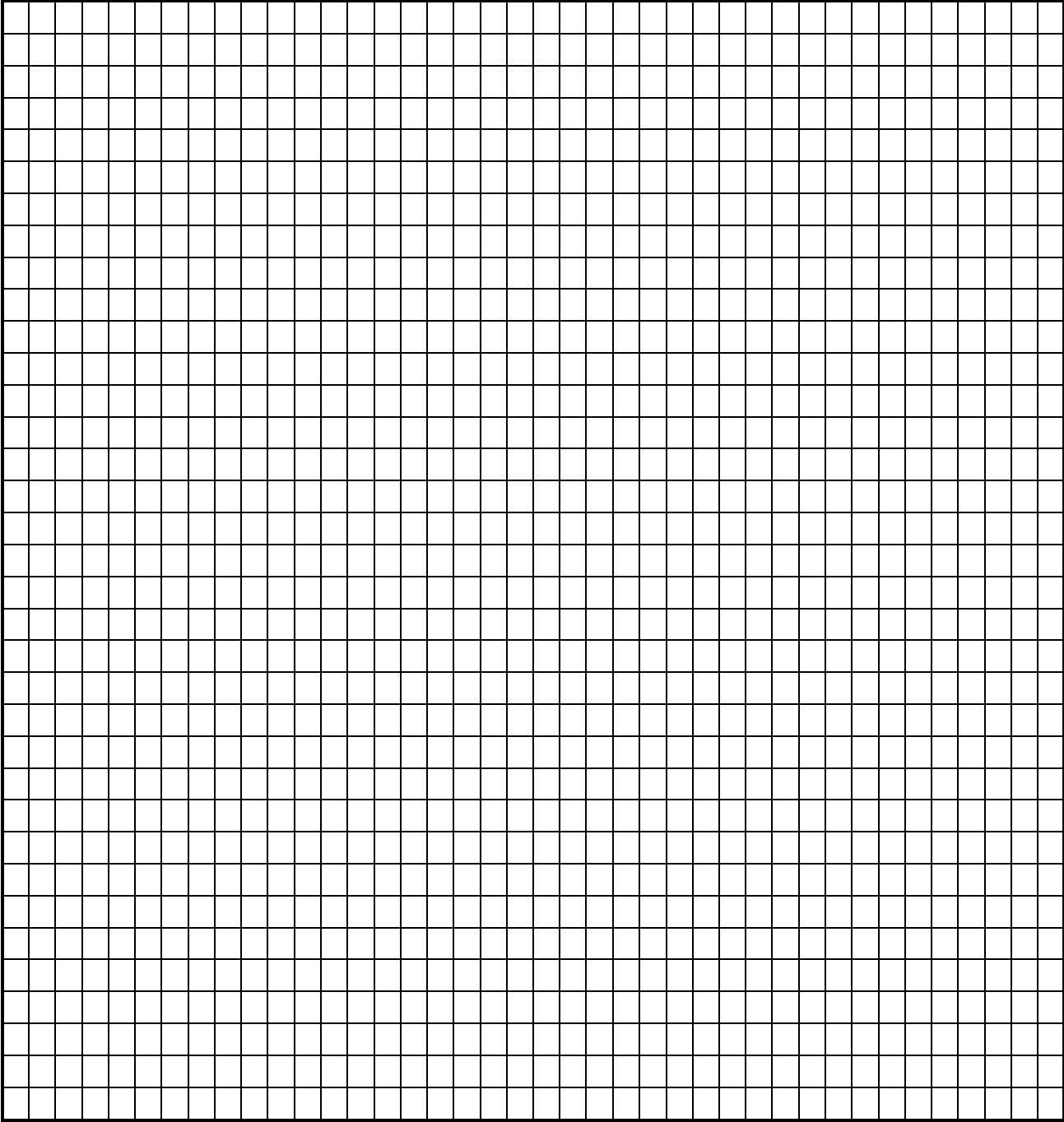
Please direct any questions to Zoning/Code Enforcement Officer Larry Frace at 570-993-4098 or [lfrace@hotmail.com](mailto:lfrace@hotmail.com).

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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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**Application for CERTIFICATE OF COMPLIANCE**

**Locust 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 Locust 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 Locust Township Zoning Ordinance and \_\_\_\_\_ completed in accordance with the terms of Zoning  
Permit Number \_\_\_\_\_ issued on \_\_\_\_\_.

Signature of Zoning Officer \_\_\_\_\_ Date \_\_\_\_\_