

Zoning Permit Application

This request must be submitted by the applicant to our office with the appropriate information and fee.

Schuylkill County Planning and Zoning
401 N Second Street
Pottsville PA 17901
Phone: 570.628.1415
Business Hours: 8:30 AM to 4:30 PM
www.schuylkill.us



FOR OFFICE USE ONLY

Fee: _____ Zoning District: _____ Permit #: _____

Approved Denied Date: _____ Zoning Officer: _____

Reason for Denial: _____

1. Application Type

Residential Non-Residential Home Occupation

Applicants for Non-Residential Permits MUST complete Item #7 Applicants for Home Occupation Permits MUST complete Item #8

2. Subject Property

Assessor's Parcel Number(s) _____

Property Address or Site Location _____ Municipality _____

Lot Area (square feet) _____ Lot Width (feet) _____ Lot Depth (feet) _____

3. Property Owner(s)

If the applicant is not the landowner of record, upon the request of the Zoning Officer, information must be presented (i.e. agreement of sale or lease, construction contract), to demonstrate that the applicant has the legal right to make the application.

Name(s): _____

4. Present Use of Property

Residential Commercial/Industrial Agricultural Mining Vacant

Describe the present use of the property (i.e. residential, retail, office, etc) including existing improvements on it (i.e. house, garage, shed; or office and parking lot)

5. Site Information

Is there an **existing home** on this property? Yes No

What type of **water service** is at and/or available at the property? Public On-Site

What type of **sewer service** is at and/or available at the property? Public On-Site

6. Proposed Use of New Structure and/or New Use of Land

Identify the type of proposed use:

New Structure Addition to Existing Building Accessory Structure Sign New Use of Land

Describe the proposed new construction/new use of land/Home Occupation (i.e. "shed", "addition to home", "Retail Office")

What is the square footage of the proposed construction/use?	_____
What is the height of the new construction?	_____
What is the construction cost?	_____
If apartments or townhomes, what is the total number of units?	_____
If the use is new, enlarged, significantly changed, what is the number of off-street parking spaces?	_____
Dimensional Requirements	
Distance from front property line to new construction (feet)	_____
Distance from rear property line to new construction (feet)	_____
Distance from side property line to new construction (feet)	_____
Distance from other side property line to new construction (feet)	_____
What is the Percent (%) Building Coverage? <i>See Calculating Coverage Worksheet</i>	_____
What is the Percent (%) Impervious Coverage? <i>See Calculating Coverage Worksheet</i>	_____

7. Non-Residential Permit Application *Only complete if applying for a Non-Residential Permit*

Submit a Site Plan to show the all of the following: All Items must be completed. Attach additional sheets to the application.

- Locations, dimensions and use of existing and proposed structures, parking and loading areas, and locations of existing and proposed uses of areas of land, with existing features clearly distinguished from proposed features
- Notes showing the dimensions of all buildings from lot lines and street right-of-way
- Locations of any watercourses and any 100-year floodplain
- Proposed lot areas, lot widths and other applicable dimensional requirements
- Locations and widths of existing and proposed sidewalks

8. Home Occupation Permit Application *Only complete is applying for a Home Occupation Permit*

What is the total square footage of your home?	_____
What is total square footage of your home which will be occupied by the Home Occupation?	_____
What is total number of employees?	_____
Will this involve customer, client or patient traffic whether vehicular or pedestrian?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will there be display or sale of retail goods and/or stockpiling of inventory in substantial nature?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have more than 1 Home Occupation in this Dwelling Unit or in an Accessory Unit?	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Owner / Applicant Certification

By my signature below, I hereby certify the following:

1. I understand that if my application is denied, there is no refund of fees paid.
2. I understand that any error, misstatement or misrepresentation of material fact, either with or without intention on the part of the applicant, such as might or would operate to cause a refusal of this application, or any change in the location, size or use of structure or land made subsequent to the issuance of this permit, without the approval of the zoning office, shall constitute sufficient ground for the revocation of the permit.
3. I understand that this permit applies to Schuylkill County Zoning only and shall not relieve me from obtaining such other permits as may be required by law.
4. I certify that the information provided in this application, including attachments, is accurate and correct to the best of my knowledge.
5. I certify that I am authorized by the owner to make the foregoing application and that, before I accept any permit for which this application is made, the owner shall be made aware of all of the conditions of the permit.
6. I understand that if I unknowingly make any false statements herein I am subject to such penalties as may be prescribed by law or ordinance.

Signature (Blue Ink):	Date:
Print Name:	Phone:
Address:	Fax:
City/State:	ZIP: Email: