

SUMMIT TOWNSHIP ZONING PERMIT

NAME OF APPLICANT _____

ADDRESS OF APPLICANT _____

LOCATION OF PROJECT _____

PHONE _____ FAX _____ EMAIL _____

MAP & PARCEL # OF PROPERTY _____ ZONING DISTRICT _____

SET BACKS: _____ FRONT _____ SIDES _____ BACK

APPLICANT IS PERFORMING THE WORK FOR THE PROJECT ___ YES ___ NO

CONTRACTOR NAME _____

ADDRESS _____

PHONE _____ FAX _____ EMAIL _____

WORKERS COMPENSATION: _____ EXEMPT _____ CERTIFICATE ATTACHED

TYPE OF WORK/IMPROVEMENT/USE

_____ NEW BUILDING _____ ALTERATION/REPAIR _____ SWIMMING POOL _____ CARPORT _____ GARAGE

_____ ADDITION _____ SHED _____ PORCH/DECK _____ MOBILE HOME _____ DEMOLITION _____ OTHER

BUILDING DIMENSIONS _____ NUMBER OF STORIES _____

DESCRIBE THE PROPOSED PROJECT _____

SITE PLAN: ATTACH A SITE PLAN OF THE LOT SHOWING ITS DIMENSIONS, PROPERTY LINES, ALL EXISTING STRUCTURES, THE NEW STRUCTURE AND ITS DIMENSIONS AND DISTANCE TO THE PROPERTY LINES

ESTIMATED COST OF THE PROJECT _____

THE APPLICANT CERTIFIES THAT ALL INFORMATION ON THIS APPLICATION IS CORRECT AND THE WORK WILL BE COMPLETED IN ACCORDANCE WITH THE REQUIREMENTS ADOPTED BY SUMMIT TOWNSHIP.

DEPENDING ON THE NATURE OF THE WORK/PROJECT, INSPECTIONS MAY BE REQUIRED.

I ALLOW THAT AN AUTHORIZED REPRESENTATIVE FROM SUMMIT TOWNSHIP SHALL HAVE THE AUTHORITY TO ENTER AREAS COVERED BY SUCH PERMIT AT ANY REASONABLE HOUR TO ENFORCE THE PROVISIONS OF THIS PERMIT.

ALL PERMITS GRANTED BY THIS APPLICATION ARE GOOD FOR THE PERIOD OF ONE YEAR .

APPLICANT SIGNATURE

ZONING OFFICER SIGNATURE

DATE: _____

ZONING PERMIT FEE: _____

OTHER FEES: _____

TOTAL: _____

PAID: \$ _____ CHECK# _____ CASH _____