

APPLICATION FOR ZONING PERMIT

Old Lycoming Township
1951 Green Avenue
Williamsport, PA 17701
Phone 570-322-6906, Fax 570-322-5347

APPLICATION FEE: \$35.00

Applicant Name _____

Applicant Address _____

Applicant Phone _____

Property Owner _____

Property Address _____

Contractor Name _____

Contractor Phone _____

Project Description _____

Width _____ Length _____ Height _____

Estimated Cost _____

Start Date _____

Finish Date _____

Property Water Service ☐ PUBLIC ☐ PRIVATE

Property Sewer Service ☐ PUBLIC ☐ PRIVATE

Have you researched your deed to verify that no deed restrictions or covenants exist that may prohibit or forbid your request for a Zoning Permit? ____ YES ____ NO

CERTIFICATION OF APPLICATION:

I/we certify that the statements made in this application are true and correct and understand that false statements herein are made subject to the penalties of PA C.S. Section 4940 relating to unsworn falsifications to authorities.

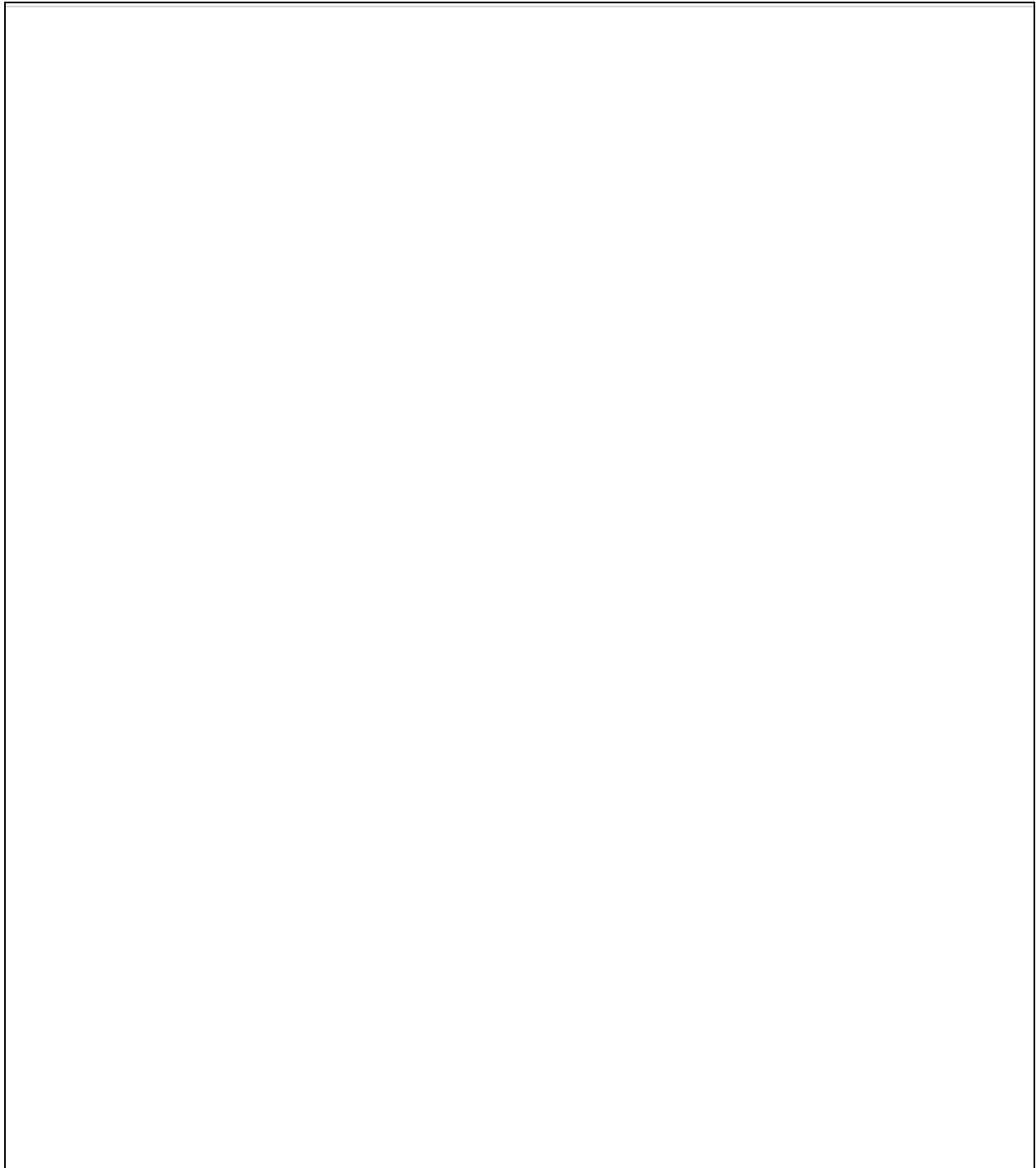
Applicant Signature

Date

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In the space provided, sketch an overhead map of the property showing the following information to the nearest foot (bearings and courses not required; need not be to scale):

- A. Location and dimensions of the proposed project.**
- B. Location and dimensions of existing structures.**
- C. Distance between proposed project and all property lines.**
- D. Distance between proposed project and street centerline(s).**

A large, empty rectangular box with a thin black border, intended for the applicant to draw an overhead map of the property. The box is currently blank.

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OFFICIAL USE ONLY

Tax Parcel # _____

APPROVED ____

Zoning District _____

DENIED ____

Check/Receipt # _____

Logs Updated ____

Permit # _____

Zoning Officer Signature

Date

NOTES: