WEST EASTON BOROUGH

ZONING PERMIT APPLICATION PACKET

Applications can be submitted Monday through Friday, 8:30 a.m. to 4:30 p.m., except holidays.

All applications must be complete and include the following:

Checklist

- 1. Application signed by applicant and property owner if the applicant is not the property owner
- 2. Plot Plan to include:
 - a. All existing and proposed improvements
 - b. Septic, well and driveway locations
 - c. Distances from primary structure to proposed accessory structure(s)
 - d. Distances from property lines to proposed improvement
 - e. Structure Height
- 3. Building Plans, if applicable
- 4. Ground Coverage Percentage for new primary structures and/or additions to primary structures (impervious coverage divided by lot area), if applicable
- 5. Property Identification number (PIN #) and Property Address
- 6. Contact phone number
- 7. Certificate of Insurance naming West Easton Borough as certificate holder if a contractor is involved
- 8. Contact or Sales Agreement/Sales Receipt

PLEASE COMPLETE ALL SECTIONS OF EACH PAGE. INCOMPLETE APPLICATIONS WILL BE RETURNED TO THE APPLICANT RESULTING IN PERMITTING DELAYS.

If you have any questions please don't hesitate to contact the zoning office at 610-377-4002.

AND STAMP





** OFFICE	USE ONLY **
Date Received:	
Zoning District:	
Tax Parcel No.:	
Zoning Permit No.:	

State:

State: Zip:

Zio:

APPLICATION FOR ZONING PERMIT

Application is hereby made for a permit in conformity with requirements of the Pennsylvania Municipalities Planning Code, Current Local Zoning Ordinance and any amendments thereto for the following described work: I. PROPERTY INFORMATION ☐ Residential ☐ Non-Residential Municipality: Development: Lot: Section: Proposed Work Site Address: Tax Parcel ID: (Acres or Sq.ft.) Lot Width: Lot Depth: Lot Size: Property within Floodplain Yes No If Yes, Market Value of Property: Do you have an elevation certificate ☐ Yes ☐ No If Yes, please attach a copy with submission Property located in Historic District ☐ Yes ☐ No If Yes, also complete the Application for COA II. CONTACT INFORMATION Applicant: email: Mailing Address: City: State: Zip: Phone: Phone: Fax: (If different than Applicant) **Property Owner:** email:

Phone:

Phone:

7.7

City:

City:

email:

Type:
Wall Mounted Ground Roof Other (Please Specify):

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Other (Please Specify):

Mailing Address:

Phone:

Contractor:

Mailing Address:

III CONSTRUCTION

IV. PROJECT DESCRIPTION Provide a marrative w	hich explains the proposed proje	ct based upon the items ch	ecked in the previou	is section (III)
			**************************************	·
Cost of Construction:	Street Access:	cipal 🖺 State [Other	
Sewage Disposal: Public Sewer D O	· —		Public Sewer	
V. PLOTPLAN		Trater ouppry.	Trubile Sewel	☐ On-Lot
PLEASE INCLUDE THE FOLLOWING:				
Indicate the length of all property lines				
2. Show all existing and proposed structures	on property and the distance	from the structure to th	e property lines	
3. Indicate name of streets abutting property				
4. Identify all bodies of water and show dista	ince to proposed structure(s)			
5. Show septic, well, driveway locations and	distance from new structure t	o septic		
6. Label distances from principal structure to	proposed accessory structure	3(S)		
7. Physically mark property lines & proposed	l location of structure onsite p	ior to submitting zoning	application	
Thus is only a SAMPLE! You must be sate a complete drawing that retire is the size and shape of YOUR lot and YOUR project's details.	Proposed Addition 10' Existing Structure	50° Name o		

•	I!	MPERVIOUS C	OVERAGE	
Proposed:		_ (Sq.ft.)	Existing:	(Sq.ft.)
◇ N ◇	Address:			_
		PLOT PI		
Approved by:	A survey or other prepart	ed plot plan can b Da	e attached, in lieu of this sketc	h sheet. Permit No.:

I hereby authorize the Municipality Staff to perform inspections related to this application as may be required between the hours of 8 AM and 8 PM. The applicant understands and agrees to comply with the Pennsylvania Municipal Planning Code and Zoning Ordinance, as amended. All information supporting this application shall become part of the records of the Municipality, cannot be returned and may be examined by the public at any time during the normal working hours of the Municipal Office. Application is hereby made for a permit to erect or after a structure which shall be located as shown on the attached diagram/plot plan and/or to use the premises for the purposes herewith. The information which precedes, together with the plot plan/diagram, is made part of this application by the undersigned. It is understood and agreed by the applicant that any error, misstatement or misrepresentation of material. fact, either with or without intention on the part of this 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 approval of the Zoning Officer. shall constitute sufficient ground for the revocation of this permit. Applicant Signature: Date: Owner Signature: Date: BOTH SIGNATURES ARE REQUIRED IF APPLICANT IS DIFFERENT THAN OWNER ** OFFICE USE ONLY ** Meeting Dates (if applicable) Historic: Approved: 🗓 Yes ☐ No ZHB: Approved: ☐ Yes □ No Planning: _____ □ No Other: □ No PA UCC Construction Permit Required: Yes □ No Denied Zoning Fee: ___ Application Fee Paid: Balance Due: Date Paid: Zoning Officer Signature: _____ Date: If the permit is denied, the zoning officer shall note the applicable sections/basis of denial below:

A copy of the zoning officer's official letter of denial shall be attached to this application.

West Easton Borough • 237 7th Street • West Easton, PA 18042 Phone • (610) 252-6993

WEST EASTON BOROUGH

ZONING PERMIT APPLICATION PACKET

Submission Checklist

u	Application completed in link and signed by applicant and property owner if the app written authorization from the owner to act as their agent.	licant is not the property owner or provide	
	Completed plot plan with all required information attached. (Please refer to sample pro	ovided)	
	Building Plans, as applicable. Include a floor plan and elevation plan for all new consti	uction, including additions and decks.	
	Ground Coverage Percentage for new primary structures and/or additions to primary by lot area), if applicable	structures (impervious coverage divided	
	Contractor Certificate of Insurance naming West Easton Borough as certificate holder		
	Height and size of structure specified on application where indicated.		
	Parcel ID number and property address		
	Contact person and phone number		
	Copy of recorded deed (if required)	(Court of	
	Copy of Septic Permit (if required)	(Front of	
	Copy of Water Supply Approval/Permit (if required)	pack)	
	Copy of Driveway Permit (if required)		
	Highway Occupancy Permit (if required)		
	County Conservation District Approval (if required)		
	Copy of Storm Water Approval/Permit (if required)	•	
	Copy of Elevation Certificate (if required)		
	All Property lines and proposed location of structure(s) must be marked on the site price	or to submitting the application.	

If you are erecting a new structure, creating a new use for the property, changing the use of the property or creating a new point of access to your property, you will need to secure approval for access into the adjoining road or street.

- If the road is a state highway, you will need to secure approval of a highway occupancy permit from PennDOT.
- If the road is a borough road, you will need to secure approval of a driveway permit from the Borough of West Easton.

YOUR ZONING PERMIT CANNOT BE PROCESSED WITHOUT IT

If you are grading/excavating or filling a site, provide the following information:
Area of:
Excavation (sq. ft.)
Fill (sq. ft.)
Type of Fill Material
Depth of deepest point of either fill or excavation (ft.)
Proposed Time of Operation (day, start time, finish time)
IF YOU ARE PROPOSED AN EARTH DISTURBANCE ACTIVITIY THAT INVOLVES ONE (1) ACRE OR MORE, AN EROSION AND CONTROL WILL BE REQUIRED FOR THE PROJECT THAT WILL NEED TO BE REVIEWED AND DEEMED ADEQUATE BY THE NORTHAMPTON COUNTY CONSERVATION DISTRICT (NCCD). YOU SHOULD CONTACT THE NCCD AT 610-829-6276 PRIOR TO COMMENCING THE EARTH DISTURBANCE ACTIVITY.
#1 – INITIAL OVER ONE (1) ACRE OF EARTH DISTURBANCE.
#2 - INITIAL UNDER ONE (1) ACRE OF EARTH DISTURBANCE.
IF #1 IS INITIALED <u>NO</u> BUILDING OR ZONING APPLICATION WILL BE ACCEPTED BY THE BOROUGH OI WEST EASTON WITHOUT PROPER DOCUMENTATION.
The payment for the Zoning Application is a separate payment from the Building Permit.
***A <u>replenishable</u> escrow account of \$500 for professional consultant fees is due at the time of the application
THE OWNER/APPLICANT IS RESPONSIBLE TO OBTAIN ALL NECESSARY APPROVALS REQUIRED BY THE DEVELOPMENT IN WICH THE PROPERTY IS LOCATED.

Applications must be completed in ink. Return the original completed application and application fee along with all applicable documents to:

Borough of West Easton 237 Seventh Street West Easton, PA 18042