

BOROUGH OF NESQUEHONING

114 WEST CATAWISSA STREET
NESQUEHONING PA 18240

Borough Building
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ZONING PERMIT APPLICATION

1) Ownership, Location and Present Use of Property:

A. Property Location: _____

Address: _____

B. Applicant's Name: _____

Address: _____

Phone: _____

C. Owner's Name: _____

Address: _____

Phone: _____

D. Site is Located in _____ Zoning District as set forth in the Zoning Map

E. Present Use of Property _____

F. Lot Characteristics:

1. Sq Ft. of Lot	_____	9. Front Yard Setback	_____
2. Sq. Ft. of Existing Bldg.	_____	10. Rear Yard Setback	_____
3. Sq. Ft. of Proposed Bldg.	_____	11. Height	_____
4. Lot Front Width	_____	12. Number of Floors	_____
5. Lot Depth	_____	13. Number of Parking Spaces	_____
6. Side Yard (1)	_____		
7. Side Yard (2)	_____		
8. Side Yard Total	_____		

2) Type of Work or Used Proposed: _____

(A set of plot plan must be submitted with the information above included in plan)

3) Type of Action Requested by Zoning Hearing Board:

Use Variance _____ Conditional Use _____

Dimensional Variance _____ Other _____

Special Exception: _____

4) Described in Detail the Nature of Request: _____

(Note: if applicant is requesting a special exception, sketched plans must first be submitted to the Nesquehoning Planning Commission for review prior to a Zoning Hearing)

I, WE, DO DECLARE UNDER THE PENALTIES OF PERJURY THAT THIS APPLICATION HAS BEEN EXAMINED BY ME, US, AND TO THE BEST OF MY, OUR, KNOWLEDGE AND BELIEF, TRUE, CORRECT AND COMPLETE

Signature of Applicant _____ Date _____

Signature of Property Owner _____ Date _____

1. Application Approved: _____ yes _____ no Date: _____ Fee: _____

Zoning Officer _____

2. Reason for Denial: _____

3. Application to Zoning Hearing Board: _____ yes _____ no Fee: _____