## **ZONING PERMIT APPLICATION**

TOWNSHIP OF BETHEL, LEBANON COUNTY Phone 717-865-4005 - #3 Fax 717-865-0906

IMPORTANT - Applicant complete all items in Sections: I, II & III

		The undersigned hereby applies for a Certificate of Zoning Compliance for Alteration Demolition Home Occupation or				Addition			
	II. TYPE AND C	PE AND COST OF IMPROVEMENT/DEMOLITION – All applicants complete Parts A, B, & C							
١.	TYPE OF IMPROVEMENT		B. PROPOSED USE						
A. TYPE OF IMPROVEMENT  New Building  Addition ( if residential, enter number of new housing units added if an, in Part B 10)  Repair, Replacement, Remodeling  Demolition – Residential Commercial  Moving of building  Foundation repair or replacement  C. COST BREAKDOWN FOR PROP. PROJECT  Cost of Improvements \$  Other Related Cost \$  TOTAL IMPROVEMENT COST \$		nter sing units B 10) modeling   acement (Omit cere	Residential  Single Family Multi-Family - Enter number of units  Townhouse - Enter number of units  Motel, hotel, dorm- Enter number of units Carport Other - Specify   All applicants m in Section III be applicant shall a conditions such The Plan shall a width, length ar facilities impact The plot plan ne arrows, propose lines, to the pro The Zoning off		Nonresidential  Recreation/ Amusement Church & Related Industrial Garage Service Sta. / Repair Gar Hospital/ Institutional Office, bank, Professional Public Utility School, library related Street Research				
III. PROPOSED WORK / USE – Describe			e project and approx. date work will commence and end.  ESTIMATED DATE OF COMPLETION						
	Desc	ribe Improvement/	Demolition Intended under	this ap	plication				

IV.	IDENTIFICA	TION - TO B	E COMPLETED BY	OWNER/CONTRACTO	)R	
	NAM	E	ADDRESS - A	lumber, street, city, state	ZIP CODE	PHONE
1. Owner or Lessee						
2. Contractor						
3. Architect or Engineer						
	have been a	uthorized by th	e owner of record t	orized by the <u>owner of re</u> to make this application a nances of this jurisdiction	as his authorized	we d agent
Signature of C	Owner/Agent	Ad	dress		Phone #	Application Date
	RECORD – For		Review			
Plans Review F	Required	Check	Date Plans Submitted	Ву	Notes	3
PLOT PLAN						
BUILDING FC	OTPRINT					
OTHER						
APPLICATION	COMPLIANCE I	REVIEW - Plot F	Plan & Footprint		VALIDATION	
Zoning District				Zoning Permit Number		
Use				Date Permit Issued		
Front Yard Se	tback	Req.	Prop.	Permit Issuance Fee		
Side Yard Set	back	Req.	Prop.			
Rear Yard Set	back	Req.	Prop.			
Notes:		<del>-</del>		Approved By:		
				Zoning Officer		Date