

**ZONING PERMIT APPLICATION
DERRY TOWNSHIP, MIFFLIN COUNTY**

**717-248-8151
FAX 717-248-0063**

DATE: _____ **FEE: \$10.00** PERMIT NO. _____

Application is hereby made for a Zoning Permit for: (check one)

Addition _____ Alteration _____ Construction _____ Demolition _____ Move _____

Repair _____ Other (specify) _____

Site plans are to be included for all additions, alterations and new construction.

Project involves connection with water line Yes ___ No ___

Project involves connection with sewer line Yes ___ No ___

Is property served by public water or well? _____ Is property served by public or on-lot sewage? _____

Owner's Name _____ Phone # _____

Address _____

Contractor's Name _____ Phone # _____

Address _____

Location of Premises _____ Tax Map No.# _____

Present Use _____

Proposed Use _____

Zoning District: _____ Set Backs – Front _____ Side _____ Rear _____

Lot Area _____ Height of Building (If applicable) _____

Work to be performed (circle one) Principal Use Accessory Use

Cost of Project: _____

Description of Work to be done: _____

Date of commencement: _____ Completion date estimate: _____

If applicable, is there a driveway abutting a Township road? _____

Remarks: _____

Signature of Applicant: _____ Is applicant the (Owner) or (Contractor)?

For Township Use Only

Issue Date of Zoning Permit: _____

Signature of Zoning Officer: _____

Other Permits Required:

Building Permit _____

Sewer Permit (Public) _____

Sewer Permit (OnLot) _____

Water Permit _____

Driveway Permit _____

NPDES Permit _____