



OFFICE OF THE SUPERVISORS

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WASHINGTON COUNTY, PENNSYLVANIA

BOARD OF SUPERVISORS

Dale Handick
Herbert Grubbs
William Michael

APPLICATION FOR ZONING CERTIFICATE

Date: _____

Name of Applicant: _____ Phone: _____

Address of Applicant: _____

Signature of Applicant: _____

Name of Owner: _____ Phone: _____

Address of Owner: _____

Signature of Owner: _____

Location of Property: _____

Parcel ID: _____

Type of Construction: _____ Cost: _____

Ultimate Use of Building:	Residence _____	Business _____
	Residential Garage _____	Apartment _____
	Farm Building _____	Other _____

Zoning District: R-P____ R-1____ N-S____ C-1____ I-B____ S-D____

Lot Size: _____

Provide sketch of lot showing proposed building with required setbacks. List yard setbacks below:

Yard Clearance: Front: _____ Side Yards: _____ Rear: _____

Size of Building: _____ Highest Point Above Grade: _____

Size of Septic Tank: _____ Permit No.: _____ Date: _____

Is construction in a Floodplain? _____ Is construction site in a slide zone? _____

Is proposed construction within 50 feet landward from top of bank of any watercourse? _____

Note: *Applicant must supply a sketch of lot showing public roads, existing and proposed buildings and proposed use.*

Anyone seeking a zoning permit for a garage, house, or any other structure, where a driveway abutting a Township road is to be constructed for use of vehicles must install a drainage pipe of correct size, approved by the supervisors, for the purpose of surface water drainage.

ZONING CERTIFICATE:

Conditional upon the basis of the Permit Application, the statement which are made a part hereof, the proposed usage is a _____ and found to be in accordance with the Hanover Township Zoning Ordinance and hereby approved for the following District _____

Approved: _____

Approved with conditions: _____

Conditions: _____

Denied: _____

Reason: _____

Zoning Officer Signature: _____

Date: _____

For Office Use Only:

Date Application Received: _____

Date Ruled On: _____

Total Fee: _____

Date Paid: _____