



**OFFICE OF THE SUPERVISORS**

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**BOARD OF SUPERVISORS**

Dale Handick  
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WASHINGTON COUNTY, PENNSYLVANIA

**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: \_\_\_\_\_