



ZONING PERMIT APPLICATION

105 Government Center Way
Pocono Pines, PA 18350
Phone: 570-646-1212
Fax: 570-646-9025
www.tobyhannatownship.gov

PROPERTY OWNER INFORMATION

Property Owner: _____
Mailing Address: _____ City: _____
State: _____ Zip Code: _____ Phone: _____
Cell: _____ Email: _____

APPLICANT INFORMATION

Applicant: _____
Mailing Address: _____ City: _____
State: _____ Zip Code: _____ Phone: _____
Cell: _____ Email: _____

CONTRACTOR INFORMATION

Contractor: _____
Mailing Address: _____ City: _____
State: _____ Zip Code: _____ Phone: _____
Cell: _____ Email: _____

PROPERTY INFORMATION

Physical Address of Property: _____
Development: _____ Tax Map ID No.: _____

Zoning District: RR R1 R2 OS C CI PRD Preserve

Please Circle One: Primary Home Vacation Home

INCLUDED WITH THIS APPLICATION SHALL BE THE FOLLOWING:

1. Complete, dimension, drawn-to-scale plot plan of the lot showing proposed work and/or existing structure and building setback lines.
2. Dimensioned floor plans of proposed structure and four (4) elevation views showing the height of the proposed structure. NOTE: For sheds, please have a picture of the proposed shed.
3. Stormwater calculations (if applicable).

PROPOSED WORK

Erect a Structure: _____ Add a Structure: _____ Repair/Replace: _____ Other: _____

Description of Proposed Work: _____

Total sq. ft. of Newly Constructed Area: _____ (include floor space, decks, porches, garages, basements)

Total sq. ft. of Living Area: _____ Decks/Porches: _____ Garage: _____ Shed: _____

Cost of Construction: \$ _____ Stories: _____ Height: _____ ft.

Present Use of Property: _____

Basement: Yes No Crawl Space: Yes No HVAC System: Yes No

Number of Bedrooms: _____ Bathrooms: Full: _____ Half: _____

Off Street Parking Spaces: _____ Street Access: State Township Private

Lot Area sq. ft.: _____ Driveway sq. ft.: _____

Lot Coverage: Existing sq. ft.: _____ Proposed sq. ft.: _____ (lot area covered by a building or buildings, include all areas circumscribed by all building lines)

Will there be any filling or encroachment into wetland?: Yes No

Is the structure in a designated flood plain district?: Yes No

PLEASE NOTE

The issuance of a Zoning Permit is based upon the facts stated and representations made in this application. A Zoning Permit may be revoked if the use and/or structure for which is has been issued violates any applicable Township, County, State, or Federal law or regulation, including but not limited to the Tobyhanna Township Zoning Ordinance. A Zoning Permit may also be revoked if it has been issued in error or if issuance was based upon misrepresentations or errors contained in the application or otherwise made by the applicant.

The Zoning Officer does not guarantee to give opinions related to the proposed construction under the Permit and does not warrant compliance with applicable laws or regulations by the issuance of a Zoning Permit. The applicant bears all responsibility for ensuring compliance with all applicable laws and regulations, including but not limited to compliance with the Tobyhanna Township Zoning Ordinance, the Tobyhanna Township Stormwater Management Ordinance, the Tobyhanna Township Subdivision and Land Development Ordinance, and any and all regulations governing wetlands and/or other natural resources, and all other Township, County, State, and/or Federal laws and regulations.

The issuance of a Zoning Permit does not guarantee that the property is a buildable lot.

Notice is hereby given that if the property described in the permit will require access to a highway under the jurisdiction of the Pennsylvania Department of Transportation, a Highway Occupancy Permit is required pursuant to the State Highway Law before driveway access to a state highway is permitted. Access to a state highway shall be only as authorized by the Highway Occupancy Permit, issued by the Pennsylvania Department of Transportation.

I hereby authorize the designated Tobyhanna Township Official to investigate, inspect, and examine the property set forth herein, including land and structures, to determine compliance with the Tobyhanna Township Zoning Ordinance.

The applicant is aware that prior to the occupancy or use of the property for which this Zoning Permit Application has been made, the applicant must apply, in writing, for a Certificate of Use and Occupancy.

By signing the application, I certify that all facts set forth within the application and all accompanying documentation are true and correct. This application is being made by me to induce official action on the part of Tobyhanna Township. I understand that any false statements made herein are subject to the penalties of 18Pa. C.S. 4904 relating to unsworn falsification to authorities.

Property Owner or Authorized Representative

Print Name: _____

Signature: _____ Date: _____

If the applicant is someone other than the owner, authorization notarized by the legal owner designating that the applicant is acting as representative on behalf of the owner must accompany this application.

Contractor

I hereby certify that I have read and intend to comply with the requirements set forth in the "All Construction Activities" section of the Construction Industry Guidance issued on April 23, 2020.

Print Name: _____

Signature: _____ Date: _____

DO NOT WRITE BELOW THIS LINE—FOR TOWNSHIP USE ONLY

Date Application Received: _____	Receipt Number: _____	Amount: \$ _____
Zoning Permit No.: _____		Fee: \$ _____
Certificate of Occupancy: _____		Fee: \$ _____
Porta Potty Permit No.: _____		Fee: \$ _____
Sewage Permit No.: _____	Date Issued: _____	Fee: \$ _____
HOP Permit No.: _____	Encroachment: _____	Fee: \$ _____
Assessment Fee: \$ _____	Tapping Fee: \$ _____	Connection Fee: \$ _____
Approved: _____ Denied: _____	Zoning Officer: _____	Date: _____
Reason for Denial: _____		
Comments: _____		

IRC/IBC PERMIT REQUIRED: _____ Please contact Bureau Veritas at 570-894-2801 with any building-related questions.		

Completing Your Plot Plan

Plot Plans are required for any new construction, including but not limited to: Homes, decks, accessory structures, additions etc. All plot plans are required to be drawn to scale and include the following:

Lot Size:

Width and depth of your lot
Square footage of lot

Improvements:

Location & dimensions of home
Location & dimensions of home and addition
Location of & dimensions of home and accessory structure
Location of Septic and drain field

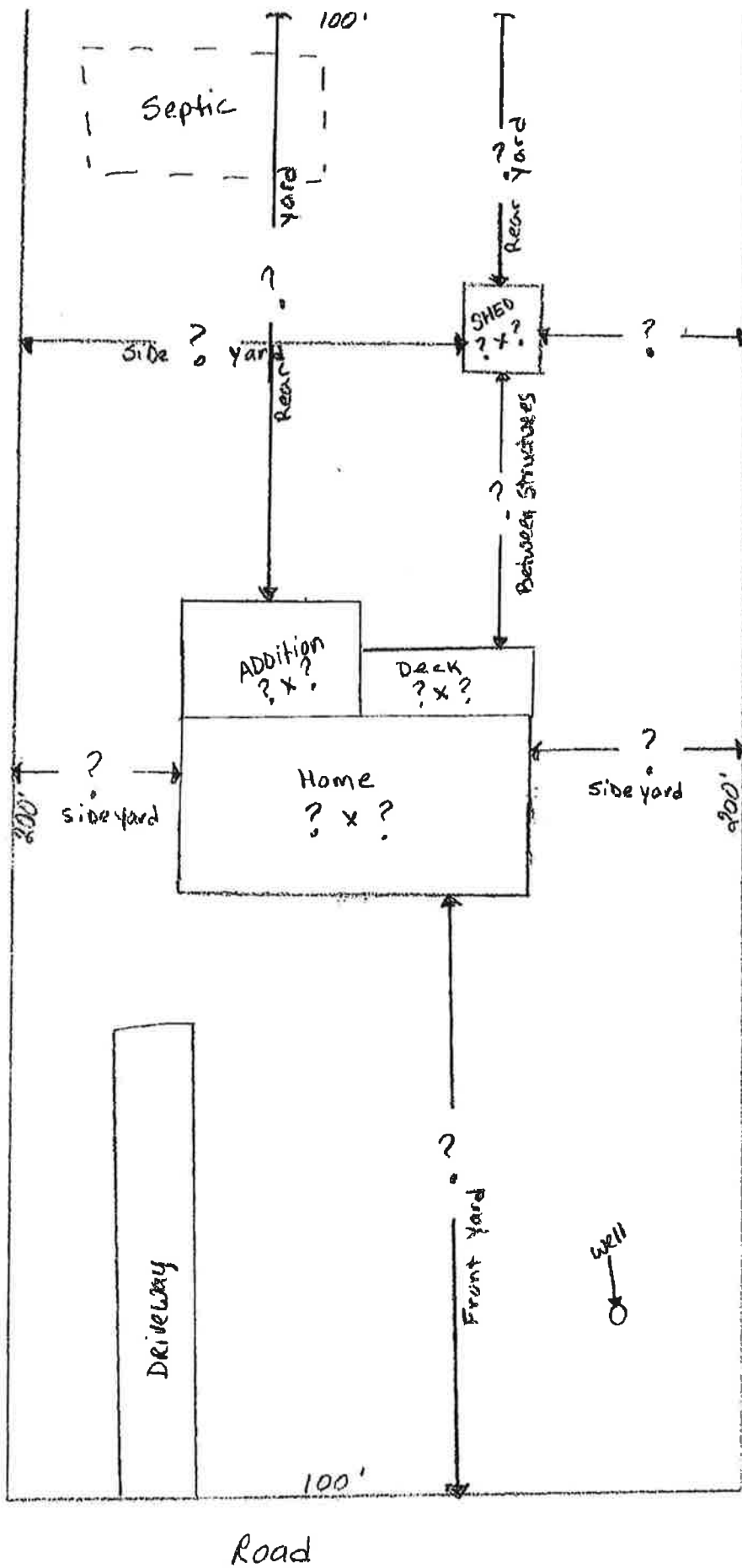
Set-backs:

Clearly marked distances from property line to new structure or addition:

- Front Property Line
- Side Property Lines
- Rear Property Line
- (If an accessory structure) distance to any surrounding structures on property

Stormwater calculations and specifications: Required for all new structures of 200 sq. ft. or more

- Show Stormwater retention location and size
- Calculations used to determine retention (shown on plot plan or separate sheet)



Lot sq. Ft. = 20,000

Total Lot Coverage =

NOTE: IF New structure has a foot print OF 200 sq ft. Need stormwater Retention & calculation

Example

1/16" = 1'



CERTIFICATE OF OCCUPANCY REQUEST FORM

105 Government Center Way
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www.tobyhannatownshippa.gov

To be faxed, emailed, or mailed to Tobyhanna Township when ready for final inspection

Property Owner: _____ Phone: _____

Mailing Address: _____ Email: _____

Contractor: _____ Phone: _____

Physical Address: _____ Subdivision: _____

Tax Map ID No.: _____ Zoning Permit No.: _____

Newly Constructed Structure: _____

<u>The following has been complied with:</u>	YES	NO	N/A
Sewer Permit (alarm on, ready for final)	___	___	___
Zoning Permit	___	___	___
International/Residential Building Code	___	___	___
Act 167 (Watershed Stormwater Management)	___	___	___
Encroachment/HOP Permit	___	___	___
Subdivision & Land Development Ordinance	___	___	___
Sign Regulations	___	___	___

By signing this application, I certify that I am aware that structures within the Township of Tobyhanna MAY NOT be used and/or occupied prior to receiving the Certificate of Occupancy. Failure to obtain said certificate PRIOR TO occupancy shall be subject to fines upon conviction in a summary proceeding.

Property Owner Signature: _____ Date: _____

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Zoning: Passed: _____ Failed: _____ Date of Inspection: _____

Re-Inspection: Passed: _____ Failed: _____ Date of Inspection: _____

Comments: _____

Zoning Officer: _____ Date: _____