

FILE NO.: _____

ZONING PERMIT APPLICATION

ADAMS COUNTY ZONING ORDINANCE
c/o ADAMS COUNTY OFFICE OF PLANNING AND DEVELOPMENT
670 OLD HARRISBURG ROAD, SUITE 100
GETTYSBURG, PA 17325
PHONE: (717) 337-9824

TO BE FILLED IN BY APPLICANT:

Application is hereby made for a permit in compliance with the Adams County Zoning Ordinance. Applicant hereby certifies that the plot plans submitted with this application are correct and no changes will be made without submitting a written plan for such changes. Application shall be considered as complete when the zoning permit fee has been paid and the application is signed by the applicant.

1. Property Owner(s): _____
2. Owner(s) Address: _____
3. Applicant: _____
4. Applicant Address: _____

5. Location of Property: _____
6. Area of Lot/Parcel: _____ Sq. Ft. or Acres: _____
7. Describe Present Uses/Structures: _____
8. Public Sewer: YES / NO Public Water? YES / NO Corner Lot: YES/NO
9. Off-Street Parking Spaces: Present _____ Proposed _____

10. Nature of Proposed Project: _____
____ Erect a New Structure(s) _____
____ Replace a Structure(s) _____
____ Add to a Structure(s) _____
____ Erect/Replace a Sign _____
____ Change of Land Use _____
____ Home Occupation _____
____ Other (Specify Below) _____

11. Describe Proposed Use(s): _____

12. Height of Proposed Building: _____

13. Has Sewage Permit been Obtained: YES / NO

14. Road Encroachment Permit: _____ Municipal _____ State

Applicants are advised that a highway occupancy permit is required from PennDOT prior to drive access to state highway.

15. Size of Sign(s) (if applicable): _____ x _____ x _____ ht.,
_____ x _____ x _____ ht.,

16. Signature of Applicant _____ Date _____

TO BE FILLED IN BY ZONING OFFICER/ADMINISTRATOR:

The following shall be the minimum requirements for the proposed project(s) as set forth in the Adams County Zoning Ordinance.

1. Plot Plan Submitted? YES / NO / NOT REQUIRED

2. Zoning District: _____

3. Setback Information:

Required: Proposed:
 Structure A Structure B

_____ Front _____ feet from right-of-way
_____ Rear _____ feet
_____ Side _____ feet
 or _____ feet on one side with a combined
 total of feet for both sides

4. Minimum Loading Space _____ Loading Space Provided _____

5. Maximum Sign Area _____ Proposed Sign Area _____

6. Maximum Lot Coverage _____ Proposed Lot Coverage _____

7. Remarks:

8. Fee: \$ _____ Date Paid _____

Cash _____ Check Number _____

CERTIFICATION

1. The proposal DOES/DOES NOT comply with the County Zoning Ordinance.
2. A variance is required YES / NO.
3. A Special Exception is required YES / NO.
4. A permit for the above described project/use was GRANTED/REFUSED on this _____ day of _____, 20__.
5. This permit expires on the _____ day of _____, 20__.
6. If applicable, the following conditions were placed on a special exception permit by the Zoning Hearing Board:
 - a.
 - b.
 - c.
 - d.
7. Signature of Zoning Officer _____ Date: _____