

Property Tax Map #
Address:

Permit Fee:
Date Paid:

Montrose Borough
Application for Zoning Permit
Cover Sheet

This Cover Sheet must be completed by the Applicant in full. If the Applicant is not the Owner of the subject property, then the Applicant and Owner must complete and sign this Cover Sheet. The Cover Sheet is not the full Application. There are separate Conditional Use, Special Exception, Mobile Food Truck and Short-Term Rental applications which must accompany the Cover Sheet if you are requesting action under those provisions of the Zoning Ordinance. Principal Permitted Uses and Accessory Uses do not have additional application forms. Please be advised that the application forms request only some of the information / documentation that must be submitted by the Applicant. The Applicant is strongly encouraged to review the Zoning Ordinance in full to ensure that all necessary information / documentation is provided as part of the application process. Attach additional documents as required by the Zoning Ordinance.

Type of Building / Application
being proposed:

- ☐ Addition
- ☐ Alteration
- ☐ Mobile Food Truck
- ☐ Short Term Rental
- ☐ Other (specify):

Estimated Cost of
Construction:

Work Begins:

Work Completed:

Type of Use per Zoning
Ordinance

- ☐ Permitted
- ☐ Conditional
- ☐ Accessory
- ☐ Special Exception
- ☐ Variance

Dimensions:

Total Floor Area:

Height:

Total Land Area:

Proposed Use:

If applicable, identify the proposed use(s) for which you are applying from the Schedule of Uses identified in the Zoning Ordinance, as amended:

If you are claiming that the proposed use(s) is/are not identified in the Schedule of Uses, please check this box ☐. Your application will be submitted to the Zoning Hearing Board. Please remit the proper fee for Zoning Hearing Board matters.

Setbacks: How far is structure situated
from:

Roadway:
Adjacent property line:
Other adjacent property line:
Rear lot line:

Contractor Name:

Contractor Phone Number:

Residential Buildings Only:

Number of bedrooms:

Number of bathrooms:

Commercial Buildings Only

Number of off-street parking
spaces:

Types of Sewage Disposal:

- ☐ Central Collection & Treatment:
- ☐ Community on lot:
- ☐ Individual on lot:

Have you obtained a sewage permit: Y ☐ or N ☐

If so, please attach to this cover sheet.

Zoning:

- ☐ Conforming
- ☐ Non- Conforming

Is construction Flood Plain:

If in flood plain, what is elevation of the 1st floor?

Owner Signature(s): _____

Print Name(s): _____

Applicant Signature(s): _____

Print Name(s): _____

Date: _____

Action Take On Application:

Granted OR Denied:

Date:

Signature of Zoning Officer: _____