

If returning by mail, please mail to:

Selinsgrove Borough
1 N. High Street
Selinsgrove, PA 17870

Please call 570-374-2311 or email

lmull@selinsgrove.org for more information.

Date

Fee \$40.00

Date Paid

Parcel Number

Zoning District

Application for Zoning Permit Selinsgrove Borough

I. This is to certify that (all fields required):

Name of property or business owner _____

Address for which permit is being issued _____

Contact information _____

Phone Number _____

Mailing Address _____

Email Address _____

has applied for a Zoning Permit to (must select at least one from each group):

☐ Verify Zoning Compliance ☐ Erect/Establish New ☐ Alter/Change/Replace

☐ Principal Structure/Use ☐ Residential ☐ Non-Residential

☐ Accessory Structure/Use ☐ Non-Conforming ☐ Temporary (30 days or less)

Project Details (all fields required):

Location on property _____

Estimated Starting Date _____

Approximate Construction Cost _____

Attach Contractor's Estimate (floodplain properties only)

Description of Project _____

If located within or adjacent to Identified Floodplain Areas:

For a building, structure, or use located within or adjacent to Floodplain District identified by FEMA.
Check all that apply and see Section VIII:

☐ Located within Floodway (area of the floodplain reserved for floodwaters)

☐ Located in 1% Annual Chance Floodplain with Base Flood Elevations – Zone AE (formerly 100-year)

☐ Located in 1% Annual Chance Floodplain without Base Flood Elevations – Zone A (formerly 100-year)

☐ Located in 0.2% Annual Chance Floodplain – Zone X (formerly 500-year)

Permit No. _____

Project _____

Applicant _____

II. Proposed Use (must select one):

☐ Retail	☐ Business, Professional, or Government Office
☐ Professional Service	☐ Fence
☐ Restaurant	☐ Residential (Rental Unit)
☐ Residential (Owner-occupied)	☐ Industrial
☐ Home-Based Business	☐ Other _____

III. Lot Information (all fields required):

Width	_____	Feet
Depth	_____	Feet
Area	_____	Square feet

IV. Existing Structures (including principal structures and all outbuildings and carports):

1.

Width	_____	Feet
Depth	_____	Feet
Area	_____	Square feet

2.

Width	_____	Feet
Depth	_____	Feet
Area	_____	Square feet

3.

Width	_____	Feet
Depth	_____	Feet
Area	_____	Square feet

V. Proposed Structure Information (ALL FIELDS REQUIRED):

1. Front yard setback*	_____	Feet
2. Side yard setback 1	_____	Feet
3. Side yard setback 2	_____	Feet
4. Rear yard setback	_____	Feet
5. Width of structure	_____	Feet
6. Length of structure	_____	Feet
7. Height of structure	_____	Feet
8. Number of stories	_____	
9. Area of structure	_____	Square feet

Basement? ☐ Yes ☐ No**Right-of-way information can be obtained from the Borough Office*

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VI. Off Street Parking (choose applicable section, one must be filled out):

All parking spaces within the Central Business District must be maintained.

Business, commercial, institutional, or multi-family residential:

Proposed number of employees on largest shift: _____

Proposed floor area open to customers: _____ Square feet

Proposed number of seats: _____

Proposed number of beds: _____

Proposed number of dwelling units: _____

Parking Spaces:

Number of existing 9' x 17' spaces: _____

Number of existing handicapped spaces*: _____

Number of proposed 9' x 17' spaces: _____

Number of proposed handicapped spaces*: _____

**One handicapped parking space is required for every 25 regular 9' x 17' space*

Driveways:

Existing:

Length: _____ Feet Width: _____ Feet

Proposed:

Length: _____ Feet Width: _____ Feet

Loading/Unloading Space, Commercial:

Existing:

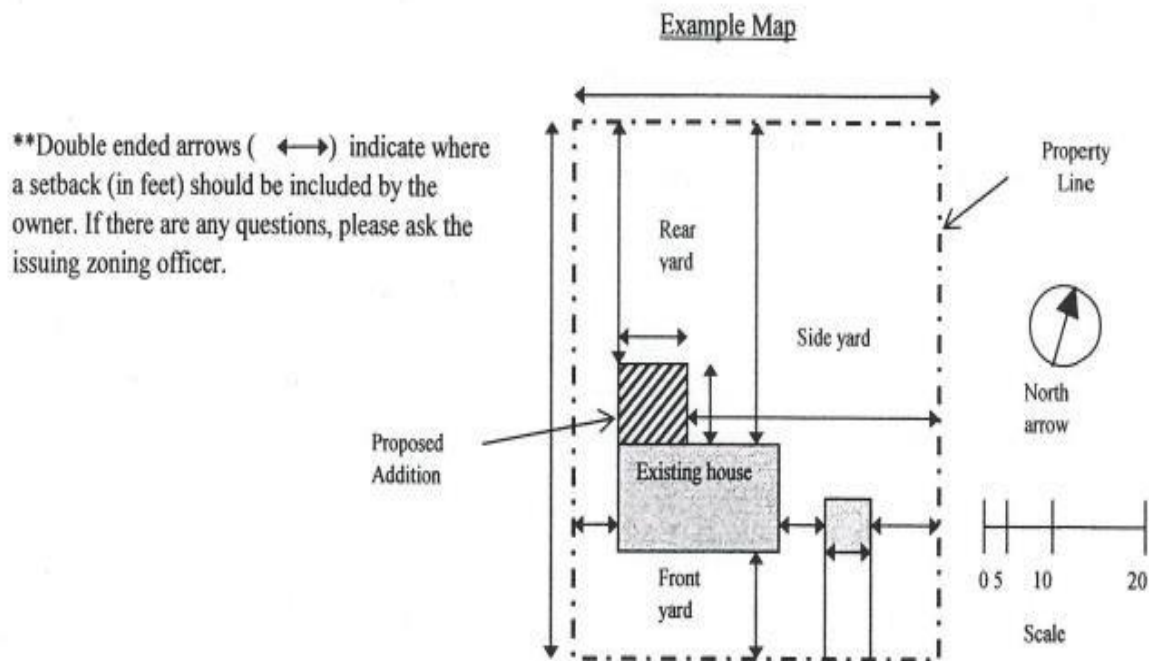
Length: _____ Feet Width: _____ Feet

Proposed:

Length: _____ Feet Width: _____ Feet

VII. Plan Drawing

Attach a scaled drawing showing and labeling all existing structures and proposed construction with dimensions and their relation to all existing roads public/private (setbacks). Show all existing boundary lines. See example on the next page. ***The Borough will not consider any application which does not include a plan drawing.***



VIII. FOR FLOODPLAIN PROPERTIES ONLY

If you are submitting this permit application for new development or substantial improvement, the following additional documentation is required (more may be required based upon the scope of the project):

- ☐ Elevation Certificate based on construction drawings*
- ☐ Elevation drawings
- ☐ No-rise certification (floodway development only)

ALL FLOODPLAIN DEVELOPMENT REQUIRES PHOTOS OF THE PROPERTY IN ITS CURRENT STATE. If you are submitting an elevation certificate for new development or substantial improvement, the photos within the elevation certificate will satisfy this requirement.

If contractor is someone other than the property owner, provide information below

Name of contractor _____

Phone Number _____

Mailing Address _____

Email Address _____

IX. Certifications (must be completed by property owner and contractor (if applicable) issuance of permit):

The Borough of Selinsgrove reserves the right to hold, disapprove, or revoke permits for outstanding compliance issues. Additionally, review of any application for a zoning permit **may take up to thirty (30) days** from the date on which *all required materials are received, including payment of the fee for the permit*. If additional documentation is required by the zoning officer, the thirty (30) days will restart upon receipt of those materials. Permits are reviewed in the order they are received.

Under the penalties of the Pennsylvania Crimes Code for falsification of information to Authorities, I (we) certify that all information set forth in the above application is true and correct and that all new construction, structural alteration or changes in the use of a building or lot will comply with all applicable codes and ordinances, including but not limited to zoning, floodplain, subdivision and land development, erosion and sedimentation control, building construction, grease traps, industrial waste pretreatment, etc. I (we) also certify that I (we) have read and understand the "Procedure to Complete Zoning and Occupancy Permit Application" contained herein (below) and the requirements of §27-1601 and §27-1603 pertaining to Zoning and Occupancy Permits of the Code of the Borough of Selinsgrove. Failure to comply with these regulations and procedures will result in revocation of the permit.

If the application for permit is approved, applicant will receive a placard which must be placed in a visible location on the property for the entire duration of the project. Work must begin within six months of the date of the permit and must be completed within one year, unless an extension is granted in accordance with §27-1603.2 and §27-1603.3.

Procedure to Complete Zoning Permit Application Process

1. A copy of this application and placard is to be displayed at the construction site for the full duration of any construction.
2. **If the proposed project includes construction that is covered under the Pennsylvania Uniform Construction Code**, a copy of this (approved) Application for Zoning Permit is to be submitted along with the application for a Building Permit to:
Central Keystone Council of Governments (CKCOG)
1610 Industrial Boulevard Suite 400A
Lewisburg, PA 17837
Phone 570-522-1326, or toll free at 1-877-457-9401 Fax 570-522-1327
permits@ckcog.com
Web Site: www.ckcog.com
3. **A copy of the Building Permit Occupancy Certificate, obtained upon the completion of the Building Permit process with the CKCOG, is to be submitted to the Borough of Selinsgrove.**
4. **The Applicant must notify the Borough of Selinsgrove Zoning Office upon the completion of the project and prior to the occupancy of the premises.**

Property owner's signature

Date

Contractor's signature

Date

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X. Application Review Record – FOR OFFICE USE ONLY:

Tax Parcel Number: _____

Zoning District: _____

Use meets:

District Requirements: ____

Number of Parking Spaces: ____

New Construction Meets:

Setback Requirements: ____

Building Coverage Limit: ____ %

Impervious Coverage Limit: ____ %

Floodplain Requirements (if applicable) ____

PennDOT Access Approval (if required) ____ Date: _____

Notes pertaining to review: _____

Zoning Application Approved on: _____ By: _____

Conditions of Approval: _____

Zoning Application Disapproved on: _____ By: _____

Reason for Disapproval: _____

Notice sent to Applicant on: _____

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