## **BARRETT TOWNSHIP**

Barrett Township Municipal Building 993 Route 390 Cresco, PA 18326



Phone: 570-595-2602 Fax: 570-595-7550 www.BarrettTownship.com

## **ZONING PERMIT APPLICATION**

## Permit requirements and regulations:

- Application for a Zoning Permit must be in compliance with the requirements of the Barrett Township Zoning Ordinance.
- Fees must be paid at the time of application.
- Permits must be signed by the property owner and applicant.
- One (1) plot plan showing the exact location and size of the proposed structure. The plot plan
  must show setback lines to all property lines, any easements on the property, locations of
  existing water and sewer lines, wells, utility lines, rights-of-way, and any other existing
  structures and their dimensions on the property as may be required by the Township. Plot plans
  must be drawn to scale, no smaller than 1" to 20'.
- All other required permits must be obtained and submitted as part of this application, i.e., building, plumbing, mechanical, electrical, well, septic, etc.
- Supplemental documents may be required to be submitted as part of this application, at the discretion of the Zoning Officer. Such documents may include, but are not limited to, copy of the deed(s), floor plans, elevation drawings, copy of outside agency approvals, workers compensation form, certification of insurance.

Property Owner Name					
Phone Number	E-mail Address				
Property Owner Address					
If different from the above noted Property Owner please indicate the following:					
Applicant Name					
Phone Number	E-mail Address				
Applicant Address					

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Contractor Name						
Phone Number		E-mail Address				
Contractor Address						
Property Address						
Tax Parcel Number				Zon	ing District	
Property Size	Width	Depth		_ Area (sq. ft	/acres)	
Required Setback (yar	d)		_ Front	Sid	e	Rear
Existing Use(s) (check	all that apply)					
Agricultural			_ Residential		Commercial	
Institutional			_ Industrial		Other	
Describe existing use(s)						
Proposed Use, describe						
Type of Work						
New	Alter	Add	Move	Dei	molition/Razing	
Construction Estimate						
Existing Impervious Co	overage	(sq.ft.) Proposed Impervious Coverage (sq.ft.)				
Total Impervious Surfa	ace	% Proposed% Permitted				

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I hereby certify that all the above stateme submitted herewith are true to the best o		
Property Owner Signature	Date	
Applicant Signature	 Date	
Township Use Only  Date of Application	License (Pe	rmit Number)
Permit Status Approved Reason if denied	Denied	Permit Fee \$
Zoning Officer Signature	 	e

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