



RYE TOWNSHIP
ZONING PERMIT APPLICATION

Date: _____

Permit No. Z-_____

Application is hereby made to the Township of Rye for a Zoning Permit in conformity with the requirements of the Rye Township Zoning Ordinance, and any amendments thereto for the following described work:

Property Location: _____

Tax Parcel Number: _____ Zoning District*: _____
(*If Floodplain, (FP), all FP regulations apply)

Present Use of Property: _____

Environmental Features: [] Stream [] Hillside/slopes >15% [] Wetlands [] Trail/Pipe Line Buffer [] None

The undersigned applicant hereby applies for a permit to: Type of new Structure: _____

- 1. [] Erect a new structure Use: _____ New structure Size-Total Sq.Ft. _____
2. [] Erect an addition to existing dwelling. No. of Bedrooms _____
3. [] Erect a new dwelling /No. of bedrooms _____ Estimated cost: \$ _____
[] Copy of Sewage Permit attached. No. _____ Required.
[] Copy of Driveway Permit attached. No. _____ Required.
4. [] Copy of approved building permit attached. No. _____ as required by
Act 45 of 1999. Inspection Agency: BIU
5. [] Add a structure: Total Sq.Ft. _____ No. of bedrooms _____ Estimated cost: \$ _____
6. [] Change a use to: _____
7. [] Other: _____
8. Check Area of earth disturbance: [] < Less than .5 acre [] > Greater than 1 acre

A sketch, fully dimensioned, of the lot showing proposed work and/or other existing structures is required with this submission to include the front, side, & rear setback distances from the property lines.

Name of: _____

Owner(s): _____ Address: _____

Contractor: _____ Address: _____

Subdivision name: _____ Lot No. _____

(If applicable, attach a copy of deed restrictions for plan. Contractors must attach or fax (717) 957-9419) a worker's compensation and liability insurance certificate with the application.)

I hereby swear and certify the above information and any attachments to this application are true & correct. I understand I cannot occupy or use the structure without a Certificate of Use, if noted as required, and any changes must have prior authorization.

Print Name _____ Email: _____

Signature: _____ Phone no. _____

(Owner or Owner's Authorized Representative)

THIS ZONING PERMIT CERTIFIES THAT THE PROPERTY DESCRIBED ABOVE IS
LOCATED IN THE *ABOVE- LISTED ZONING DISTRICT. (Township Use Only)

- A. [] The proposed work complies with the Zoning Ordinance.
B. [] A Zoning permit for the above described work is issued. Issued Date: _____
C. [] A Zoning permit for the above described work is denied.
D. [] Yard Setbacks - Front: _____ Side: L _____ R _____ Rear: _____
E. [] Building/Construction permit issued & attached per Act 45 of 1999 if applicable.
F. [] Certificate of Use required. No _____ Yes _____

Remarks: _____

Permit Fee \$ _____

Cert of Use \$ _____

TOTAL \$ _____

Zoning Officer