

DAMASCUS TOWNSHIP
APPLICATION FOR ZONING OR USE PERMIT # _____

*Documents required with application – incomplete applications will be returned: Driveway Permit
 Sewer Permit NPDES Permit or Department letter 9-1-1 Address Proof of all current property taxes paid * Required items

*Date _____ *Phone No.(s) _____

*Name of Applicant: _____

*Address: _____

*Owner (if other than applicant) _____

*Location (9-1-1 Address) _____

*Nature of Proposed Use: (check) Agricultural Residential Commercial Change of Use
 Home Occupation Expansion of Non-Conforming Use Other _____

*Specified Use or Building proposed: _____

Nature of Proposed Building: (check): New Addition Alteration No new building

Type of Construction: (check): Masonry Steel Wood Frame Other _____

*Proposed Building size: _____ Size of Property: _____ Acres

*Number of Existing Buildings on Property (if any) _____ Parking Spaces Available or to be Provided: _____

Water Supply (check) Individual Well Community System Spring No water

Sewage Permit # _____ Highway Occupancy Permit # _____ No Sewage Existing driveway

Sewage Disposal: (check): Sub-Surface (on-lot) Treatment Plant Other _____

*Proof of Current Taxes provided: Yes No (Application must be rejected)

*Estimated Cost of Proposed Building: \$ _____ Proposed Start Date _____

*On the second page of this form, please draw simple sketch of the property with the proposed building, indicating building size, distance to street and distance to property lines. Indicate location of existing buildings, water supply and sewage disposal facilities, or attach a map or plan.

TOWNSHIP USE ONLY

Zoning District: River Rural Residential Neighborhood Development Industrial

Tax Parcel Number _____ Control Number _____

The Application herein is in conformance with requirements of Damascus Township Zoning Ordinance and permit number _____ has been issued. UCC Permit required UCC Permit not required

The above Application indicates: (check) Conditional Use Special Exception Variance Required and is therefore referred to the _____ for review.

Referral Date _____ Issue Date _____

Zoning Officer

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*Draw a simple sketch in the area below of the **property** with the **proposed building**, indicating **building size**, **distance to street and distance to property lines**. Indicate location of **existing buildings**, **water supply** and **sewage disposal** facilities, or attach a survey map with required information.



I certify that the above information is true and correct to the best of my knowledge:

*Signature of Applicant