



# Township of Tobyhanna

105 Government Center Way  
Pocono Pines, PA 18350  
570-646-1212  
zoning@tobyhannatwppa.gov

## Application Request

Zoning  Compliance  Razing

### Property Owner Information

Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone No: \_\_\_\_\_ Cell Phone No.: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_

### Applicant Information

Applicant: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone No: \_\_\_\_\_ Cell Phone No: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_

### Contractor Information

Contractor: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone No.: \_\_\_\_\_ Cell Phone No.: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_

### Property Information

Physical Address of property: \_\_\_\_\_  
Development: \_\_\_\_\_ Tax Map Number: \_\_\_\_\_

Zoning District: RR  R1  R2  OS  C  CI  PRD  Preserve

Please check one: Primary Home  Vacation Home

## Proposed Work

Erect a Structure       Add a Structure       Repair/Replace       Raze       Other

Description of Proposed Work: \_\_\_\_\_  
\_\_\_\_\_

Total Sq. Ft. of Newly Constructed Area \_\_\_\_\_ (include: floor space, decks, porches, garages, basements)

Total Sq. Ft. of Living Area \_\_\_\_\_, Decks/Porches \_\_\_\_\_, Garage \_\_\_\_\_, Shed \_\_\_\_\_

Cost of Construction: \$ \_\_\_\_\_ Stories: \_\_\_\_\_ Height: \_\_\_\_\_ ft

Present Use of Property: \_\_\_\_\_

Basement: Y     N       Crawl Space: Y     N       HVAC System: Y  N

Number of Bedrooms: \_\_\_\_\_ Bathrooms: Full \_\_\_\_\_ Half \_\_\_\_\_

Off Street Parking Space(s): \_\_\_\_\_ Street Access: State     Township     Private

Lot Area Sq. Ft: \_\_\_\_\_ Driveway Sq. Ft. \_\_\_\_\_

Lot Coverage: Existing Sq. Ft. \_\_\_\_\_ Proposed Sq. Ft. \_\_\_\_\_ (lot area covered by a building or buildings, include all areas circumscribed by all building lines)

Will there be any filling or encroachment into wetland? Yes  No

Is structure in a designated flood plain district? Yes  No

## Razing Only

Were all service providers( electric, cable, gas sewer and water companies) called to disconnect utilities from the structure?    Yes  No  You must provide a work order from each utility company.

### **The following must be included with this application:**

- 1) Complete dimensional drawn to scale plot plan of the lot showing proposed work and/or existing structure and building setback lines.
- 2) Dimensioned floor plans of proposed structure and four (4) elevation views showing height of proposed structure.
- 3) Storm Water calculations (if applicable)
- 4) Work Orders from service providers to disconnect utilities

The issuance of a Zoning Permit is based upon the facts stated and representations made in this application. A Zoning Permit may be revoked if the use and/or structure for which it has been issued violates any applicable Township, County, State or Federal Law or regulation, including but not limited to the Tobyhanna Township Zoning Ordinance. A Zoning Permit may also be revoked if it has been issued in error or if issuance was based upon any misrepresentations or errors contained in the Application or otherwise made by the Applicant.

The Zoning Officer does not guarantee to give opinions relating to the proposed construction under the Permit and does not warrant compliance with applicable laws or regulations by the issuance of a Zoning Permit. The applicant bears all responsibility for ensuring compliance with all applicable laws and regulations, including but not limited to compliance with the Tobyhanna Township Zoning Ordinance, the Tobyhanna Township Storm Water Management Ordinance, the Tobyhanna Township Subdivision and Land Development Ordinance, and any and all regulations governing wetlands and/or other natural resources , and all other Township, County, State and/or Federal laws and regulations.

The issuance of a Zoning Permit does not guarantee that the property is a buildable lot.

Notice is hereby given that if the property described in this permit will require access to a highway under the jurisdiction of the Pennsylvania Department of Transportation, a Highway Occupancy Permit is required pursuant to the State Highway Law, before driveway access to a state highway is permitted. Access to a state highway shall be only as authorized by the Highway Occupancy Permit issued by the Pennsylvania Department of Transportation.

I hereby authorize the designated Tobyhanna Township Official to investigate, inspect, and examine the property set forth herein, including land and structures to determine compliance with the Tobyhanna Township Zoning Ordinance.

The Applicant is aware that prior to the occupancy or use of the property for which this Zoning Permit Application has been made the Applicant must apply, in writing, for a Certificate of Use and Occupancy.

**By signing this Application, I certify that all facts set forth within the Application and all accompanying documentation are true and correct. This Application is being made by me to induce official action on the part of Tobyhanna Township. I understand that any false statements made herein are being made subject to the penalties of 18Pa C.S. 4904 relating to unsworn falsification to authorities.**

**Print Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**If applicant is other than owner, authorization notarized by the legal owner designating applicant is acting as representative on behalf of owner must accompany this application.**

**Official Use Only**

Date Application Rec'd: \_\_\_\_\_ Receipt Number: \_\_\_\_\_ Amount \$ \_\_\_\_\_

Zoning Permit No. \_\_\_\_\_ Fee \$ \_\_\_\_\_

Certificate of Occupancy \_\_\_\_\_ Fee \$ \_\_\_\_\_

Razing Permit No. \_\_\_\_\_ Fee \$ \_\_\_\_\_

Port A Potty Permit No. \_\_\_\_\_ Fee \$ \_\_\_\_\_

Sewage Permit No. \_\_\_\_\_ Date Issued: \_\_\_\_\_ Fee \$ \_\_\_\_\_

HOP Permit # \_\_\_\_\_ Encroachment: \_\_\_\_\_ Fee \$ \_\_\_\_\_

Assessment Fee \$ \_\_\_\_\_ Tapping Fee \$ \_\_\_\_\_ Connection Fee \$ \_\_\_\_\_

Approved \_\_\_\_\_ Denied \_\_\_\_\_ Date \_\_\_\_\_ Zoning Officer: \_\_\_\_\_

Reason for Denial: \_\_\_\_\_

Comments: \_\_\_\_\_

**IRC/IBC PERMIT REQUIRED \_\_\_\_\_ Please contact Bureau Veritas at 570-894-2801 with any building related questions.**