



Township of Tobyhanna
105 Government Center Way
Pocono Pines, Pa 18350
(570) 646-1212

Application Request

Zoning () Compliance () Razing ()

Applicant: _____

Mailing Address: _____

_____ Phone Number: () _____

Cell Number: () _____ Email: _____

Owner: _____

Mailing Address: _____

_____ Phone Number: () _____

Cell Number: () _____ Email: _____

Contractor: _____

Mailing Address: _____

_____ Phone Number: () _____

Cell Number: () _____ Email: _____

Physical Address: _____

Zoning District: (RR) (R1) (R2) (OS) (C) (CI) or (PRD) (Preserve)

Development: _____ Tax Number: _____

PROPOSED WORK

Erect a Structure Add to a Structure Repair Replace Raze Other

Description of Proposed Work: _____

Present Use of Property: _____

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

Please Check YES OR NO:

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 Twp Private

Lot Area Sq Ft _____ Driveway Sq Ft _____

Please Check One: Primary Home Vacation Home

Total Area of Newly Constructed Area (Total Floor Space, Porches, Decks, Garage)

_____ Sq Ft Square Feet of Living Area _____

Porch(es) _____ Deck(s) _____ Garage(s) _____ Shed(s) _____

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)**

Will there be any filling or encroachment into wetlands? yes no

Is structure in a designated flood plain district? yes no

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 violate 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 Storm Water Management Ordinance, the Tobyhanna Township Subdivision and Land Development Ordinance, 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 designate Tobyhanna Township official to investigate, inspect, and examine the property set for the 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 this 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, and 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: _____

If applicant is other than owner, applicant certifies that he/she is the representative acting in behalf of the owner as per stated in the attached authorization notarized by the legal owner.

Office Use Only

Date Application Rec'd _____ Receipt Number _____ Amount \$ _____

Zoning Permit No. _____ Fee \$ _____ Razing No. _____ Fee \$ _____

Port a Potty No. _____ Fee \$ _____ C of O _____ Fee \$ _____

Sewage Permit No. _____ Date _____ Fee \$ _____

Port a Potty No. _____ Fee \$ _____ C of O _____ Fee \$ _____

Assessment Fee \$ _____ Tapping Fee \$ _____ Connection Fee \$ _____

Approved _____ Denied _____ Date _____ Officer _____

Reason Denied _____

Comments: _____

IRC/IBC Permit _____ Required (Please contact Bureau Veritas at 570-894-2801 with any building related questions)