

the *BOROUGH* of *WILSON*

Office of Code Enforcement/Zoning Office
 GUY B. TOMAINO MUNICIPAL BUILDING
 2040 Hay Terrace, Wilson Borough, PA 18042
 Phone 610-258-3531
 Fax 610-258-6639



DATE: ____/____/____

Application No: _____

ZONING PERMIT APPLICATION

Application is hereby made to the Wilson Borough Zoning Officer for (explain proposal):

_____ for property located at _____

I hereby certify that I am the legal or equitable owner of the property for which this Application is made and attest that all information given is true and accurate to the best of my knowledge. I understand that any misrepresentation of information supplied hereunder shall render this Application and any subsequent approvals granted null and void.

Fees: _____

 Signature of Legal or Equitable Owner
 (NOTE: If you cannot produce a signed Agreement of Sale or Lease, MUST be signed by the Legal Owner of the Property)

OWNER: Name _____
 Address: _____
 Phone: _____

APPLICANT: Name _____
 Address: _____
 Phone: _____

TO BE COMPLETED BY:	APPLICANT		ZONING OFFICER (FOR OFFICE USE ONLY)	
	EXISTING	PROPOSED	REQUIRED	NOTES
REQUIRED INFORMATION				
Lot Width (ft.)	_____	_____	_____	_____
Lot Depth (ft.)	_____	_____	_____	_____
Total Lot Area (sq. ft.)	_____	_____	_____	_____
Total Number of Dwelling Units	_____	_____	_____	_____
Lot Area Per Dwelling	_____	_____	_____	_____
Total Number of Commercial Units	_____	_____	_____	_____
Principal Use (if more than one, list Sq. ft. for each)	_____	_____	_____	_____
Accessory Use (if more than one, list Sq. ft. for each)	_____	_____	_____	_____
Building Height	_____	_____	_____	_____
Impervious Surface Ratio (* See Below)	_____	_____	_____	_____
Front Yard Setback (ft.)	_____	_____	_____	_____
Width of Narrowest Side Yard (ft.)	_____	_____	_____	_____
Total Width of Both Side Yards (ft.)	_____	_____	_____	_____
Rear Yard Setback (ft.)	_____	_____	_____	_____
Distance Between Buildings	_____	_____	_____	_____
Number of Off-Street Parking Spaces	_____	_____	_____	_____

*Total area covered by structures, patios, driveways, parking, etc. vs. Total Lot Area

*** FOR OFFICE USE ONLY ***

FEE REC'D _____
 DATE REC'D _____
 REC'D BY _____
 PERMIT NO.: _____
 ZONING DIST. _____

DATE REVIEWED: _____
 APPROVED: ()

REVIEWED BY: _____
 DENIED: ()

REF'D TO PLANNING AS A
 SPECIAL EXCEPTION: ()

All Zoning Permit Applications shall be submitted with a site plan (BELOW or on a separate document if done on a computer or similar device) that accurately identifies the following features: ***BOTH EXISTING AND PROPOSED STRUCTURES***, including main building, garage(s), fence(s), etc., **IMPERVIOUS SURFACES**, including uncovered patios, driveways, parking areas, etc.; **LANDSCAPING**, including screen plantings, trees, etc.; **NEIGHBORING LAND USES**; and **OTHER INFORMATION** pertinent to your proposal. **DISTANCE MEASUREMENTS** between building and property lines, other buildings, etc., must also be shown.