

APPLICATION FOR ZONING PERMIT Non-Residential

Millicreek Township

Township Index # _____ County Tax Index #(33) _____ Permit # _____

PERMIT # _____
INDEX # _____

WE, the undersigned, owners or their representative, of the following described property, do hereby apply to you for a Certificate of Zoning and for such use, based on the information hereinafter set out. This application is made subject to the penalties of 18 Pa. C.S.A. §4904 relating to unsworn falsification to authorities.

Address of Property for which application made _____ Zip _____

Owner of Property _____ Phone # _____

Address of Property Owner _____ Zip _____

Zoning Permit Applicant's Name(if different) _____ Ph.# _____

Zoning Permit Applicant's Address(if different) _____ Zip _____

Non-Residential Use Data: Zoning District _____

Lot Size: Road Frontage _____ Depth _____ Area _____ %Lot Coverage _____

Improvement: (check one)

New Construction Addition Interior Remodel

Describe proposed structures and use of land(i.e. new commercial bldg., addition to) _____

Area of Proposed Building _____ Existing Parking _____ Parking on Completion _____

Setbacks: Front Yard _____ Required _____ Height (grade to highest point) _____

Rear Yard _____ Required _____ Area _____ Sq.Ft. of Proposed Construction _____

Side Yard _____ Required _____ Area _____ Sq.Ft. of Floor Space _____

Estimated Construction Cost: \$ _____ Permit Fee: \$ _____ Date: _____

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Non-Residential

Has the Land Development Plan been approved and recorded? (If appl.): _____ Date of Recording _____

Are Land Development Plan requirements completed? _____ (Yes or No)

If No, what remains to be completed. Attach a separate sheet of the remaining items to be completed.

Sidewalks are required to be constructed? _____ (Yes or No)

Is Buffer/Planting Strip Required? _____ If "Yes," Size: _____

Is Green Strip along frontage Required? _____ Availability of Public Water (If Appl.) _____

Sewer connection permit _____ (If Appl.) Septic Permit No. _____

Flood Plan Designation: _____ Lowest Floor El. If Appl. _____ Bluff Recession Setback Appl.? _____

LERTA Eligible? _____ Conforming _____ Nonconforming _____

Was a Zoning Hearing Board decision needed for this permit?(YES/NO) _____ Date Approved _____

If the proposed building or structure is within 50 feet from the top of a stream bank and/or located within a wetland area, I will contact the Pennsylvania DEP and obtain permission to build prior to starting construction.

I hereby agree that all applicable provisions of the Millcreek Township Codes shall be complied with.

Applicant's Signature: _____ Date: _____

----- OFFICE SPACE ONLY -----

Date of Approval or Denial _____ Reason: _____

Date of Expiration: **Six (6) months from date of issuance**

Zoning Officer Signature: _____

MILLCREEK TOWNSHIP ZONING PERMIT

Index No. _____ Address _____

ZONING PERMIT SITE PLAN

PERMIT # _____

INDEX # _____

Zoning Permit # _____ Date _____

Zoning Administrator Authorization _____

**ZONING PERMIT IS NOT VALID UNLESS SITE PLAN IS AUTHORIZED BY
BCO/INSPECTOR BELOW.**

BCO/Inspector Site Plan Verification _____ Date _____
(Inspector)

Comments _____

Revised Site Plan Authorized (if Applicable) _____
(Inspector)

Date _____ Time _____

**APPLICATION COVER SHEET
MILLCREEK TOWNSHIP
CONSTRUCTION PERMIT - "COMMERCIAL"**

APPLICANT NAME: _____

PROJECT: _____

DEVELOPMENT NAME (IF APPL.): _____ LOT #: _____

PROPERTY ADDRESS: _____

ERIE COUNTY INDEX NO.: (33) _____ TOWNSHIP INDEX #: _____

PROPERTY OWNER(S): _____

ADDRESS: _____

ARCHITECT: _____

ADDRESS: _____

TELEPHONE (_____) _____ FAX: (_____) _____

ENGINEER: _____

ADDRESS: _____

TELEPHONE (_____) _____ FAX: (_____) _____

CONTRACTOR: _____

ADDRESS: _____

TELEPHONE (_____) _____ FAX: (_____) _____

FULLTIME INSPECTOR: _____

ADDRESS: _____

TELEPHONE (_____) _____ FAX: (_____) _____

APPLICANT ADDRESS: _____

STATUS AS TO OWNER: _____ AFFIDAVIT SUBMITTED? _____

TELEPHONE (_____) _____ FAX: (_____) _____

CONTACT PERSON FOR PROJECT: _____

ADDRESS: _____

TELEPHONE (_____) _____ FAX: (_____) _____

Has grading plan for land been approved and implemented in course of development? _____

If "Yes", cite name of development, approved plan? _____

Is proposed grading consistent with the implemented grading/stormwater management plan? _____

If "No", detail deviations or modifications: _____

MAXIMUM HEIGHT FROM GRADE: _____

TYPE OF ROOF CONSTRUCTION (per BOCA/International Building Code): _____

FIRE RATING ON EXTERIOR WALLS (# hours): _____

BOCA/INTERNATIONAL BUILDING CODE USE GROUP: _____

BOCA/INTERNATIONAL BUILDING CODE CONSTRUCTION TYPE: _____

FIRE SUPPRESSION SYSTEM: FULLY _____ PART _____ NONE _____

OCCUPANT LOAD: _____

ROOF LOAD PER SQUARE FOOT: _____

DETAIL OF PROPOSED USE: _____

ESTIMATED DAILY TRAFFIC VOLUME: _____

BASIS FOR ESTIMATE: _____

HAS HIGHWAY/STREET ACCESS PERMIT BEEN GRANTED? _____

I certify that the information on this application over sheet is true and correct. I understand that this cover sheet will be incorporated in and made a part of the application for permit.

Date: _____

Applicant's Signature

MILLCREEK TOWNSHIP
3608 West 26th Street
Erie, PA 16506

AFFIDAVIT OF OWNER OR LESSEE

Property Address: _____ Township Index: _____

Permit(s), Certificate(s) Applied For: _____

In connection with the application for permit being made by _____
on behalf of the undersigned, I affirm as follows:

1. The undersigned is owner or lessee of the property subject to the application.
2. The undersigned has legal authority to effect the use and construction proposed.
3. The above named person or firm is authorized by the undersigned to apply for a permit and/or certificate of occupancy on behalf of the owner/lessee.
4. The proposed work is set forth on the permit application is authorized by the undersigned.
5. The undersigned shall be bound by all representations set forth on the application(s) for permit and/or certificate of use, and is responsible for reviewing the same to ensure their accuracy.
6. The undersigned acknowledges that he/she/it is obligated to comply with all Federal and State laws and local ordinances and regulations governing the proposed work and the permit and/or certificate for which the application is made.
7. The statements made in this Affidavit are true and correct. This statement is made subject to the penalties of the 18 Pa. C.S.A. § 4904 relating to unsworn falsification to authorities.

_____, Owner

_____, Owner

_____, Owner

Date _____