## BOROUGH OF SCOTTDALE



Scottdale, PA 15683 Phone: 724-887-8220 - Fax: 724.887-0195 E-Mail: scottdaleboroughmgr@gmail.com

## Zoning Application A CHECK FOR \$75 PAYABLE TO SCOTTDALE BOROUGH DUE WITH APPLICATION

| FEE                       |            | DAT              | E PAID                |          | CHECK #                   |  |
|---------------------------|------------|------------------|-----------------------|----------|---------------------------|--|
| PEL                       |            | DAI              | LIAID                 |          | CITECK #                  |  |
|                           |            |                  |                       |          |                           |  |
|                           |            |                  |                       |          |                           |  |
|                           |            |                  |                       |          |                           |  |
| Name of Applicant (Prop   | erty Owr   | ner)             |                       | Teleph   | ephone Number             |  |
|                           |            |                  |                       |          |                           |  |
|                           |            |                  |                       |          |                           |  |
| Address of Applicant (Pr  | operty O   | wner)            |                       |          | Zip Code                  |  |
|                           |            |                  |                       |          |                           |  |
| Physical Address of Prop  | erty (If d | lifferent than m | ailing address)       |          | Zip Code                  |  |
|                           |            |                  | ,                     |          | •                         |  |
|                           |            |                  |                       |          |                           |  |
| Tax Parcel                |            |                  | Deed Book Volume/Page |          |                           |  |
|                           |            |                  |                       |          |                           |  |
|                           |            |                  |                       |          |                           |  |
|                           |            |                  |                       |          |                           |  |
|                           |            |                  |                       |          |                           |  |
| DESCRIPTION OF PROI       | POSED C    | ONSTRUCTION      | N/ACCESSORV III       | SE. (Nov | v Construction, Addition, |  |
| Pool, Fence, Shed, Access | ory Use,   | Car Part, etc.)  | VACCESSORT US         | se: (nev | Construction, Addition,   |  |
| Total Area (Sq. Ft.)      | ]          | Height           | Value of Co           | onstruc  | tion/Accessory Use        |  |
|                           |            |                  |                       |          |                           |  |

| EASEMENTS  | Yes             | No                 | Unsure                            |
|--|-----------------|--------------------|-----------------------------------|
| Does your property contain easements of any kind?  |                 |                    |                                   |
| Do you have any utility pole(s) on your property?  |                 |                    |                                   |
| Do you have a ditch, stream, wet land on your property?  |                 |                    |                                   |
| Do you have underground utilities on your property?  |                 |                    |                                   |
| Does your property contain any deed restrictions?  |                 |                    |                                   |
| If yes, please provide restrictions:   |                 | 1                  |                                   |
| <b>7</b> • <b>1</b>  |                 |                    |                                   |
| <del></del>  |                 |                    |                                   |
|  |                 |                    |                                   |
| **********   | •               |                    |                                   |
| VARIANCES  | Yes             | No                 | Unsure                            |
| Has your property received any zoning variances?   |                 | -                  |                                   |
| Has your property been rezoned?  |                 |                    |                                   |
| ENVIRONMENTAL FEATURES   | V               | NI.                | TImeran                           |
|  | Yes             | No                 | Unsure                            |
| Does your property contain steep slopes?  Does you property flood or in a flood zone?  |                 |                    |                                   |
|  |                 |                    |                                   |
| Does you property contain wetlands?  |                 |                    |                                   |
| least three (3) working days prior to disturbing the earth wifree at 800-242-1776. Please note that it is the responsibility  If an application is submitted without all the required information is submitted. If information is not submay be deemed incomplete and can be denied.   | of the applican | nt to make the     | e notification.<br>egin until all |
| VERIFICATION STATEMENT   |                 |                    |                                   |
| I, the undersigned   | l hereby certif | v that I am the    | e owner or                        |
| authorized agent of the owner and that I shall conform and   | •               | -                  |                                   |
| work and actions to be performed under this application an   | •               |                    |                                   |
| true and correct and in consideration of the issuance of the   | =               |                    |                                   |
| hold harmless the Borough of Scottdale, it's officers and age  | _               | •                  | <u>-</u>                          |
| maybe occasioned by any act or thing to be done by me und  | =               | -                  | •                                 |
| and the second of the second o | or orms approa  | Total usual Posses |                                   |
| Applicant Signature  |                 |                    |                                   |
| Applicant Signature  |                 | Date               |                                   |

If the subject property was granted any type of variance. Special exemption, an/or other form of relief from the regulation contained in the Zoning Ordinance, by the Zoning Hearing Board and/or means, please provide the information in the space below. Please be specific as to the date of any Zoning Hearings for the property including a copy of any deed, recorded plan, agreement, will,covenant, and/or any Zoning Hearing Board decision which contains said restriction, variance, and/or special exceptions which affect the subject property.

If, to the best of the applicants knowledge and belief there are no such variance, special exception, and/or other restriction which would affect the use of the subject property for the activity for which a zoning permit is being applied for, please indicate by signing below.

| VERIFICATION STATEMENT  |                                      |  |
|---|--------------------------------------|--|
| application, including all state of my knowledge, informatior | , and belief. This verification is r | the information contained in this<br>or entries. Is true and correct to the best<br>made subject to the penalties of 18 PA<br>911, relating to tampering with official |
| Applicant Signature   |                                      |  |
| FOR OFFICIAL USE ONLY   |                                      |  |
| #   | PERMIT GRANTED                       |  |
| Applicant Signature #   | PERMIT DENIED                        | Date   |
| Reason for denial:  |                                      |  |

## PROPERTY DRAWING

Please provide a sketch in the box below (or by attachment) depicting the following information. All in formation must be displayed or the Zoning Permit Application may be deemed incomplete and may be denied.

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|-------|------------|------|------|---------|-----|
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| TTICT | <i>auc</i> | CILC | TOIL | OVVILLE | ٠,٠ |

- Rough Sketch of your property boundary lines
- Depict all existing and proposed buildings
- Distance (in feet) from the proposed structure to all property lines. (front, rear, and both sides)
- Distance (in feet) from the proposed structure to the primary facility
- Distance (in feet) from the proposed structure to any other accessory structures

| Area of Proposed Addition - A                       | SQ. FT. |
|---|---------|
| Area of Existing Buildings - B                      | SQ. FT. |
| Total Lot Area Covered (Add A & B)                  | SQ. FT. |
| Total Lot Area                                      | SQ. FT. |
| Percentage of Area Covered                          | SQ. FT. |
| Is a driveway entrance anticipated from the street? | YES NO  |