

DATE: \_\_\_\_\_

PARCEL NUMBER: - O|15|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_

**SHARON TOWNSHIP STANDARD ZONING APPLICATION**

Zoning Permit: \_\_\_\_\_ Temporary Structure: \_\_\_\_\_ Sign: \_\_\_\_\_ Demolition: \_\_\_\_\_

OWNERS NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_

CONTRACTORS NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_

SUBDIVISION \_\_\_\_\_ LOT # \_\_\_\_\_ ACREAGE/SECTION: \_\_\_\_\_ #OF ACRES \_\_\_\_\_

SIZE OF LOT: FRONT \_\_\_\_\_ REAR \_\_\_\_\_ SIDE \_\_\_\_\_ SIDE \_\_\_\_\_

ZONING DISTRICT CLASSIFICATION: \_\_\_\_\_

GENERAL DESCRIPTION OF THE PROPOSED BUILDING/SIGN: \_\_\_\_\_

BUILDING SET BACKS \_\_\_\_\_ FRONT \_\_\_\_\_ REAR \_\_\_\_\_ SIDES \_\_\_\_\_

TYPE OF CONSTRUCTION: \_\_\_\_\_ BASEMENT \_\_\_\_\_ FULL \_\_\_\_\_ PARTIAL \_\_\_\_\_ SLAB \_\_\_\_\_

SIZE OF BLDG (SQ.FT) \_\_\_\_\_ FRONT \_\_\_\_\_ REAR \_\_\_\_\_ DEEP \_\_\_\_\_ HEIGHT \_\_\_\_\_

NUMBER OF STORIES \_\_\_\_\_

ACCESSORY BLDG (SQ.FT) \_\_\_\_\_ FRONT \_\_\_\_\_ REAR \_\_\_\_\_ DEEP \_\_\_\_\_ HEIGHT \_\_\_\_\_

\*\*\*For TEMPORARY STRUCTURES- performance Bond and Signed Agreement are REQUIRED.

DATE TO BE REMOVED: \_\_\_\_\_

\*\*\*For SIGNS: Describe any lighting or special features: \_\_\_\_\_

TOTAL SQ FT \_\_\_\_\_ LENGTH \_\_\_\_\_ WIDTH \_\_\_\_\_

HEIGHT (GRADE TO TOP) \_\_\_\_\_ CONSTRUCTION TO BEGIN ON \_\_\_\_\_

**PLEASE ATTACH THE FOLLOWING FIVE (5) ITEMS:**

- A- 1 copy of this form
- B- 3 sets of the building plans
- C- 1 copy of survey (if available)
- D- 1 copy of the legal description
- E- 3 copies of a site plan showing all building setbacks from all property lines, the total acreage and the location of any easements and/or driveways

**NOTE: All completed applications and associated fees are to be submitted to the Township Clerk.**

**( Please make checks and money orders payable to: Sharon Township)**

OWNERS SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

RECEIVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

AMOUNT PAID: \_\_\_\_\_ CASH \_\_\_\_\_ CHECK # \_\_\_\_\_ DATE: \_\_\_\_\_