

Wolf Township, Lycoming County
Zoning/Development Permit Application

1. **Applicant Name** _____ Phone _____

Address _____

Name and Address of owner other than applicant _____

Applicants Signature _____ Date of Application _____

2. Street Name of Road No. _____

Near intersection of _____ and _____

Tax Map Parcel No. _____ Zoning District _____

3. Existing Use _____ Floodplain District _____

4. **Type and Use** **A. Type of Activity** **B. Proposed Use – Residential** **C. Proposed Use – Nonresidential**

- | | | |
|--|---|--|
| <input type="checkbox"/> New Building | <input type="checkbox"/> Single Family | <input type="checkbox"/> Commercial |
| <input type="checkbox"/> Addition | <input type="checkbox"/> Multi-Family (No. Units _____) | <input type="checkbox"/> Industrial |
| <input type="checkbox"/> Alteration | <input type="checkbox"/> Seasonal Dwelling | <input type="checkbox"/> Institutional |
| <input type="checkbox"/> Relocation | <input type="checkbox"/> Mobile Home | <input type="checkbox"/> Recreational |
| <input type="checkbox"/> Change of Use | <input type="checkbox"/> Garage or Carport | <input type="checkbox"/> Home Business |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |

* For Nonresidential use, explain in detail _____

5. **Structural Characteristics and Dimensions for Proposed Improvements (Parts A-C must be completed)**

A. Building And Yard Dimensions

Length and Width of Structure _____ ft. x _____ ft. Height _____ ft.

Total Lot Area _____ Acres Total Square Feet of Floor Area _____

Front Yard _____ ft. (Center of road or right-of-way to building) Side Yards _____ ft.

Rear Yard _____ ft. (Rear of building to property line) _____ ft.

B. Structural Information (For Proposed Improvements)

Type of Frame _____ No. of Stories _____ No of Bedrooms _____

No of Bathrooms: Full _____ Partial _____ Sq Ft of Finished Basement Area _____

Type of Floors: Wood Concrete Carpet Vinyl-Linoleum Tile Terrazo, Slate

Basement Use: None Unfinished Living Area Garage Recreation

No. Fireplaces _____ Central Air Cond: Yes No Principal Type of Heat _____

C. Support Information

Sewage Disposal _____ Water Supply _____ No. of Off-Street Parking Places _____

6. **Describe in Detail the Proposed Work to be Done** _____

7. **Construction Information**

Estimated Value of Construction _____ Expected Starting Date _____

Contractor: Name _____ Phone _____

Expected Date of Completion _____ Expected Date of Occupancy _____

Location Sketch Please Show:

1. Relationship of the lot to adjoining properties and roads (provide route number and name)
2. Location of building on the parcel
3. Dimensions of the lot lines
4. Approximate location of any well or sewage system
5. Location of any major lot features – driveways, garage or existing buildings
6. Arrow pointing north

A large grid for a location sketch, divided into four quadrants by a vertical and a horizontal line. The grid is 30 units wide and 30 units high. The vertical line is at the 15th unit from the left, and the horizontal line is at the 15th unit from the top.

To be completed by Zoning Officer:

8 Applicable Ordinances and Codes

Zoning: Conforming Non Conforming _____

Subdivision Sewage Floodplan Regulations _____

Building Code Driveway Other _____

9. Disposition

A. Application Fee Collected \$ _____ Permit No. _____

B. Action: Approved Disapproved Permit Officer _____

C. Reason for Denial _____

D. Zoning Hearing Board Date: _____ Request _____

Board's Decision: Granted Denied _____

Order _____ Date of Issuance _____