Derry Borough Zoning Application

Application Date		Zoning Permit Fee		Date Paid / Check Number
Name of Applicant	: (Property Own	er)		Telephone Number
Address of Applica	nt (Droporty Ou	(mort)		
Address of Applica	int (Property Ov	vner)		
Physical Address o	f Property (if dil	fferent from mailing addr	ess)	
-		2		
Tax Parcel		De	ed Book Vo	olume/Page
DESCRIPTION OF P		STRUCTION/ACCESSORY L		olume/Page ew Construction, Addition, Pool,
		STRUCTION/ACCESSORY L		-
DESCRIPTION OF P		STRUCTION/ACCESSORY L		-
DESCRIPTION OF P		STRUCTION/ACCESSORY L		-
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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?			

Restrictions	Yes	No	Unsure
Does your property contain any deed restrictions?			

If yes, Please provide restrictions: ______

Variances	Yes	No	Unsure
Has your property received any zoning variances?			
Has your property been rezoned?			

Environmental Features	Yes	No	Unsure
Does your property contain steep slopes?			
Does your property flood or are you in a flood zone?			
Does your property contain any wetlands?			

Pursuant to PA Act 38 (amending Act 287 and 172) notifications to the "One Call System is required at least three working days prior to disturbing the earth with any type of powered equipment. Call toll-free 800-242-1776. Please note that it is the responsibility of the applicant to make the notification.

If an application is submitted without all required information, a review may not begin until all missing information is submitted. If information is not submitted in a timely manner the application may be deemed incomplete and can be denied.

VERIFICATION STATEMENT

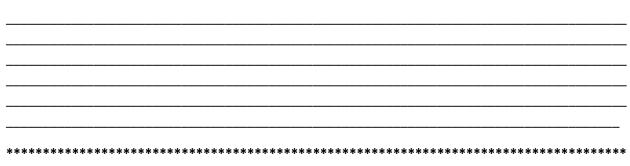
Applicants Signature

If the subject property was granted any type of variance, special exception, 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 provided below. Please be specific as to the date of any Zoning Hearings for the property including a photocopy of any deed, recorded plan, agreement, will, covenant, and/or any Zoning Hearing Board decision which contains said restriction, variances, 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, an/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

I, _________ herby verify that the information contained in this application, including all statements, representations, and other entries, is true and correct to the best of my knowledge, information and belief. This verification is made subject to the penalties of 18 PA C. S. 4904, relating to unsworn falsification to authorities, and 4911, relating to tampering with official records.



FOR OFFICIAL USE ONLY

_____ PERMIT GRANTED

Signature

Date

_____ Permit Denied

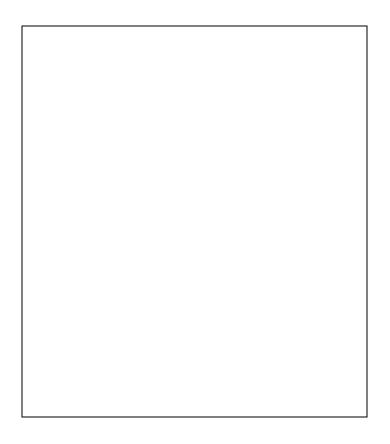
Reason for Denial:

Property Drawing

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

Include the following:

- 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 Lot Area Covered (divide c by d)	sq. ft.		
Is a driveway entrance anticipated from the street?	yesno		