



► FRANKLIN TOWNSHIP ◀
Office: 55 Scott School Road, Orrtanna, PA 17353
Mail: P. O. Box 309, Cashtown, PA 17310
Phone: 717-334-4901 Email: info@franklintwp.us

_____, 20____

I hereby certify that _____
(Property Owner Name)

who is the owner of real property located at _____
(Property Physical COMPLETE Address if applicable)

Tax Parcel Identification Number (required) _____

Project Description: _____

Has inquired with this Franklin Township, Adams County as to the requirement of obtaining a municipality zoning / land use permit. After review of the proposed project to be undertaken, it was determined that a municipality zoning / land use permit is not required.

Assist Zoning Officer

Printed Name

Signature

Per Franklin Township Ordinance: A Zoning / Land Use Permits shall be obtained from the Zoning Officer, for the erection, enlargement, alteration or moving of any structure.

- ALTERATIONS (defined) As applied to a building or structure, any change or rearrangement in the total floor area, or an enlargement, whether by extending on a side or by increasing in height.

In order to obtain the "Improvement Permit" from the County which is required for ANY improvement greater than \$2500.00. One of the following must be included with the County "Improvement Permit" application.

- An approved municipal **Land Use/Zoning Permit** has been issued which specifies the work being done
- OR A copy of a valid **Building Permit**
- OR This document must be completed by the Permit / Zoning Officer when a Zoning / Land Use or Building Permit is not required but the value of the improvement is \$2,500 or greater.

- It is the responsibility of the Property owner to provide what is required by the County in order to obtain the
"Adams County Property Improvement Permit" ◀



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Date Received: _____ Permit No.: _____

ZONING / LAND USE PERMIT APPLICATION

TO BE FILLED IN BY APPLICANT:

Application is hereby made for a permit in compliance with the Municipal Zoning Ordinance. The application shall be considered complete when all adequate required documentation is submitted, zoning permit fee has been paid and the application is signed by the applicant.

A **Site Sketch Plan/Plot Plan** shall be submitted with this application showing the location of the proposed building or use (scale not needed). Show dimensions of all property boundaries comprising the lot/parcel shape, locations of existing right-of-ways, stream(s), flood plain(s), public roadway(s), private road(s), driveway(s), well(s), septic(s), existing structures, and present usage or occupancy. No changes will be made to this application and/or Plot Plan without submitting written notification and plans for such changes.

1. **Location of Property:** _____
2. **Parcel/Tax I.D.#:** _____ **Area of Lot/Parcel (sq.ft or acres):** _____
3. **Applicant Information:**
First Name: _____ Last Name or Business Name: _____
Street Address (complete) _____
Phone#: _____ Email: _____
4. **Owner Information:**
First Name: _____ Last Name or Business Name: _____
Street Address (complete) _____
Phone#: _____ Email: _____
5. **Property Information** (if different from above):
First Name: _____ Last Name or Business Name: _____
Street Address (complete) _____
Phone#: _____ Email: _____
6. Parking Spaces (off street): Present: _____ Proposed: _____ Height of Proposed Building: _____
7. Present Use: _____ Proposed Use: _____
8. Describe Project (Check all that apply):

<input type="checkbox"/> Residential	<input type="checkbox"/> Commercial	
<input type="checkbox"/> Erect a New Structure(s)	<input type="checkbox"/> Pool	<input type="checkbox"/> Change of Occupancy
<input type="checkbox"/> Replace a Structure(s)	<input type="checkbox"/> Home Occupation	<input type="checkbox"/> Demolition
<input type="checkbox"/> Add to a Structure(s)	<input type="checkbox"/> Change of Land Use	<input type="checkbox"/> Fence / Wall
<input type="checkbox"/> Erect / Replace a Sign (See Sign Permit Zoning Application & attach with this application)		
<input type="checkbox"/> Other (Please Specify): _____		
9. Cost of Proposed Project: _____ ☐ Estimated or ☐ Actual
10. Describe Proposed Project/Use in more detail: _____

For official Use Only

TO BE FILLED IN BY ZONING OFFICER/ADMINISTRATOR:

The following shall be the minimum requirements for the proposed project(s) as set forth in the Franklin Township Zoning Ordinance.

1. Plot Plan Submitted? ☐ YES ☐ NO ☐ NOT REQUIRED

2. Zoning District of Property: _____

Required Building Setback: Front: _____ Rear: _____ Side: _____

Proposed Structure Setback: Front: _____ Rear: _____ Side: _____

Second Structure Setback: Front: _____ Rear: _____ Side: _____

Does proposed project conform with Building Setback requirements?: ☐ Yes ☐ No ☐ Not Applicable

Remarks: _____

3. Minimum Loading Space: _____ Loading Space Provided: _____

4. Maximum Sign Area: _____ Proposed Sign Area: _____

5. Maximum Lot Coverage: _____ Proposed Lot Coverage: _____

6. Remarks: _____

7. Fee: \$ _____ Date Paid: _____ (☐ Check # : _____ ☐ Cash)

CERTIFICATION

1. The proposal ☐ DOES ☐ DOES NOT comply with the Franklin Township Zoning Ordinance.

2. The proposal ☐ DOES ☐ DOES NOT require any new water and sewer connection, tapping fees or connection fees and complies with local regulation for water and sewer.

3. A Uniform Construction Code Building Permit is required ☐ YES ☐ NO

Remark: _____

4. A variance is required ☐ YES ☐ NO

5. A Special Exception is required ☐ YES ☐ NO A Conditional Use is required ☐ YES ☐ NO

6. A permit for the above described project/use was ☐ GRANTED ☐ DENIED ☐ EXEMPT

on this _____ day of _____, 20 _____

7. This permit expires on the _____ day of _____, 20 _____

8. If applicable, the following conditions were placed on a special exception permit by the Zoning Hearing Board:

a. _____

b. _____

c. _____

9. Signature of Zoning Officer: _____ Date: _____

11. Is existing septic system in good condition: ☐ YES ☐ NO ☐ NOT APPLICABLE
12. Has a Permit for an on lot septic system been obtained: ☐ YES ☐ NO ☐ NOT APPLICABLE
- If yes, date Permit issued: _____ and Permit #: _____ **NOTE:** If septic system does not exist nor septic permit has not been issued, no zoning permit will be issued until proof of compliance with DEP regulation for on lot septic disposal is submitted.
13. Road encroachment permit: ☐ Municipal ☐ State
- ☐ Private, Permit issued: ☐ Yes ☐ No ☐ Not Applicable
14. If applicable, Stake corners of new structure location on lot. This should be completed at the time application is submitted for approval. Failure to do this will delay issuing of zoning permit.

I verify that the foregoing statements are true to the best of my information and belief. I understand that false statements herein are subject to the penalties of 18 PA C.S.A. relating to unsworn falsifications to authorities. I also understand that it is the applicant's responsibility to obtain a Building Permit prior to starting construction as per Act 45. I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I understand and assume responsibility for the establishment of official property lines for required setbacks prior to the start of construction, and agree to conform to all applicable laws of this jurisdiction. I certify that the Code official or his representative shall have the authority to enter the areas in which this work is being performed, at any reasonable hour, to enforce the provisions of the Codes governing this project.

Applicant Name – please print

Signature of Applicant

Date

► Payment is set by Municipality [Resolution 2003-07] at \$35 per Zoning Permit Application
Payment must be received prior to official review – *thank you* ◀

Everything Below is for Township Official Use ONLY

Checklist of preliminary requirements for obtaining a building permit, approvals to be obtained prior to applying for a building permit. All items must be addressed. Mark N/A for those that are not applicable. Attach extra sheets if necessary to identify special requirements or conditions.

- | | |
|---|--|
| <input type="checkbox"/> Sewage facilities planning module, DEP Planning Code # _____ | Date of approval _____ |
| <input type="checkbox"/> Sub-division & Land Development, Municipal resolution # _____ | Date of approval _____ |
| <input type="checkbox"/> Sewage permit from Sewage Enforcement Officer, Permit # _____ | Date of approval _____ |
| <input type="checkbox"/> Storm water management module. Approved by: _____ | Date of approval _____ |
| <input type="checkbox"/> Conservation District notification per Chapter 102. | Date of approval _____ |
| <input type="checkbox"/> NPDES Permit # _____ for earth disturbances 1 acre or more, | Date of approval _____ |
| <input type="checkbox"/> Driveway Permit, Penn DOT # _____ or Local # _____ | Date of approval _____ |
| <input type="checkbox"/> Public water tap, Permit # _____ | Date of approval _____ |
| <input type="checkbox"/> Public sewer tap, Permit # _____ | Date of approval _____ |
| <input type="checkbox"/> Historical Architectural Review Board, <input type="checkbox"/> Check here for Special conditions. | Date of approval _____ |
| <input type="checkbox"/> Zoning, Permit # _____ <input type="checkbox"/> Check here for Special conditions | Date of approval _____ |
| <input type="checkbox"/> Other; sluice pipe, road alteration, etc. <input type="checkbox"/> Check here for Special conditions. | Date of approval _____ |
| <input type="checkbox"/> Floodplain mapping _____ <input type="checkbox"/> Project may contain flood plain. | Date of review _____ |
| <input type="checkbox"/> Municipal setback clearances, <input type="checkbox"/> Check here for Special conditions. | Date of approval _____ |
| <input type="checkbox"/> Aviation Flight Path or Airport Impact Possible <input type="checkbox"/> Check here for FAA or Pa DOT approval | Date of approval _____ |
| <input type="checkbox"/> Extra Pages attached to describe special conditions or circumstance. | How many extra pages are attached? _____ |

