



► FRANKLIN TOWNSHIP ◀
55 Scott School Road, Orrtanna, PA 17353
Phone: 717-334-4901 Email: info@franklintwp.us

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): Residential Commercial

Erect a New Structure(s) Pool Change of Occupancy

Replace a Structure(s) Home Occupation Demolition

Add to a Structure(s) Change of Land Use Fence / Wall

Erect / Replace a Sign (See Sign Permit Zoning Application & attach with this application)

Other (Please Specify): _____

9. Cost of Proposed Project: _____ Estimated or Actual

10. Describe Proposed Project/Use in more detail: _____

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 2026-02] at \$50 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; sluce 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? _____

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: _____