



120 MARSHALL STREET • P O BOX 5 • KENNETT SQUARE, PA 19348
PHONE: 610-444-6020 FAX: 610-444-3216

ZONING PERMIT APPLICATION

Fee: \$50.00 New Construction \$50.00

LOCATION OF BUILDING

Address: _____ Zoning District: _____

Tax Parcel No.: _____ Lot Size: _____

PLEASE CHECK ALL APPLICABLE BOXES.

TYPE OF BUILDING

Existing New Construction

OWNERSHIP

Private/Individual Corporation, Non-Profit Institution, Etc.

PROPOSED USE

- | | |
|------------------------------------------------------------------------|-------------------------------------------------------------|
| <input type="checkbox"/> Single Family Detached | <input type="checkbox"/> Governmental Services |
| <input type="checkbox"/> Single Family Semidetached (side by side) | <input type="checkbox"/> Parking Facilities |
| <input type="checkbox"/> Two Family Detached (one above the other) | <input type="checkbox"/> Church |
| <input type="checkbox"/> Two Family Semidetached (two above-two below) | <input type="checkbox"/> School |
| <input type="checkbox"/> Garden Apartment | <input type="checkbox"/> Club |
| <input type="checkbox"/> Town House/Condominium | <input type="checkbox"/> Warehouse |
| <input type="checkbox"/> Professional and Administrative Services | <input type="checkbox"/> Distribution Center |
| <input type="checkbox"/> Retail Sales - Type _____ | <input type="checkbox"/> Hazardous Use |
| <input type="checkbox"/> Industrial | <input type="checkbox"/> Other (Sheds, Pools, Fences, etc.) |
| Repair _____ | |
| Processing _____ | |
| Manufacturing _____ | |

Applicant's Signature: _____ Phone: _____

Property Owner's Signature: _____ Phone: _____

Zoning Officer Signature

Approval Date

PERMIT # _____

DIMENSIONS - THIS SECTION MUST BE COMPLETED.

	Existing	Proposed
Number of stories		
Total square feet of floor area, all floors, based on exterior dimensions.		
Total land area, sq. ft.		

NUMBER OF OFF-STREET PARKING SPACES

Enclosed _____/square feet of paved parking _____
 Outdoors _____/square feet of paved parking _____

RESIDENTIAL BUILDINGS ONLY

Number of bedrooms _____
 Number of bathrooms _____ Full _____ Half _____

EMERGENCY OR AFTER HOURS CONTACTS:

Name _____ Phone No. _____
 Name _____ Phone No. _____
 Name _____ Phone No. _____

PROVIDE A PLOT PLAN INDICATING THE FOLLOWING:

- Parcel size, size of building or improvement (including square footage) location of building on lot, streets, parking area and floor plan, if a commercial use.

COMMERCIAL:

- Supply a list of quantities of any chemical, substance or process regulated under State and Federal *Right To Know* laws as well as required MSDS sheets.
- Describe, in detail, the proposed use of the building:

Total square footage of intended use
 Total number of employees/occupants

DESCRIPTION OF BUSINESS OR OPERATION:

IDENTIFICATION:

Name: _____

Street Address: _____ City: _____ St: _____ Zip: _____

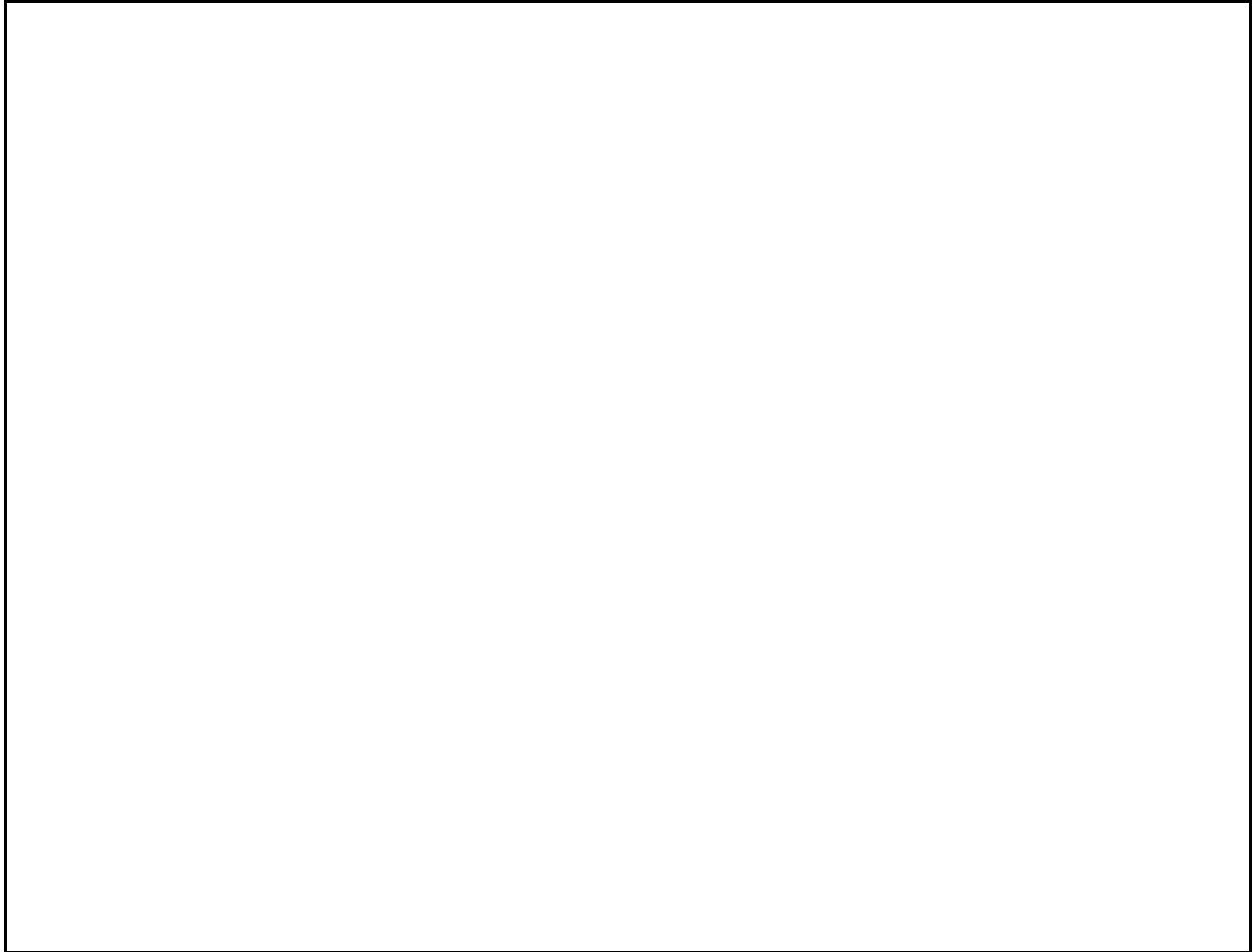
Property Owner: _____

Lessee: _____

Name of Business: _____

Using the box below as lot lines, please draw a sketch of house and any outbuildings on the lot, existing or to be erected and indicate dimensions from each building to each property line and between buildings.

Rear Property Line



Front Property Line

S:PERMITS\zoning permit app