

# Covington Township

## Zoning Permit Application

**Application Type:**     Residential     Commercial     Industrial

**Parcel #** \_\_\_\_\_

**Applicant Name:** \_\_\_\_\_ **Owner Name:** \_\_\_\_\_

**Site Address:** \_\_\_\_\_ **Owner Address:** \_\_\_\_\_

**Site City:** \_\_\_\_\_ **Owner City:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Contractor Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Lot Size (circle):**                      sqft.                      Acres

**Distance from Lot Lines:**              'ft to Front              'ft to Back              'ft to Right              'ft to Left

**Building Size:**                      ft Wide                      ft Long                      ft High                      Stories

**Estimated Cost:** \_\_\_\_\_ **Type of Project:** \_\_\_\_\_

**Project Description:**

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### APPLICANT CERTIFICATION

I certify that all information provided is correct and true to the best of my knowledge.  
 I agree to not begin construction until all required permits are obtained.  
 I understand that I must submit any changes to all authorities from which I receive a permit.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print:** \_\_\_\_\_

If land owner is not the same as applicant, land owners signature is required.

Land Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print: \_\_\_\_\_

**Application and Dates of Action Taken (Office Use Only)**

Application Approved:                     Yes                     No

Zoning Official Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Reason for Denial of Application: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**NOTE:** The applicant has the right to appeal the denial of this application to the Municipality's Zoning Hearing Board within 30 days from the date of denial pursuant to procedures set forth in the Pennsylvania Municipalities Planning Code, as amended.

Applied to Zoning Hearing Board: Date: \_\_\_\_\_ Appeal: \_\_\_\_\_  Yes                     No

Board's Decision:                     Granted                     Denied                    Date: \_\_\_\_\_

Order: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please note: all applications are to be submitted to Covington Township office at the address and phone number listed below. Zoning Fee of **\$50.00** must accompany this application.

**Mailing:**

**Physical:**

**Phone:**

Covington Township

Covington Township

(570) 659-5439

PO Box 253

114 East Hill Road

**Fax:**

Covington, PA 16917

Covington, PA 16917

(570) 659-5439

**Plot Plan Sketch:**