

Williams Inspection Service
1545 Troy-Hawk Run Hwy Suite 2
Philipsburg, Pa. 16866
(814)342-0281

Zoning Permit Application

Milesburg Borough, Centre County
416 Front St, PO Box 518 Milesburg, PA 16853
Phone: 814-355-3583 Fax: 814-355-1895

WIS _____

Owner Information:

Property Owner: _____

Mailing Address: _____

Telephone Number: Day: _____ Mobile: _____

Site Information:

Tax Parcel Number: _____ Zoning District: _____

Physical Address of Property: _____

Lot Acreage: _____ Road Frontage: _____ Road Name: _____

Sewerage: Private/On Lot Permit # _____ Public Water Supply: Private Public

Current Use Of Property: Commercial Residential

Present Number of Dwellings on Property: _____

Current/Existing Structures: (Provide Dimensions of ALL structures currently on this property)

Description of Structure	Width	Length	Height	Square Footage

Proposed Work/Improvement Information:

Description: _____

Dimensions: Length _____ Width _____ Height _____ Number of Stories _____

Setbacks/Distances from structure to All Property Lines:

Front _____ Rear _____ Left _____ Right _____

Is a driveway going to be installed on this property? (Yes or No) _____ Permit No# _____

Will this work involve soil disturbance more than or equal to 1 Acre? (Yes or No) _____

NPDES Permit # _____

Drawing/Sketch of Property : Provide drawing showing all existing/ proposed structures. Label dimensions of all structures, driveways, parking lots, swimming pools, setbacks, road frontages. Label distances from property lines to structures and driveways. Label distances between all structures.

Front of Property

Permit Fee:

Base Fee is \$25.00 up to \$2500 Declared cost, Plus an additional project cost from \$2501 to the total of the project cost times 0.005 (1/2 Percent)
Total square footage Includes All Improvements (formula: Length x Width x Number of Stories).
Make check payable to **Milesburg Borough** include with this application.

Certification:

Under the penalties of the Pennsylvania Crimes Code for the falsification of information to authorities, I (we) _____ (Please Print) _____ certify that:

- 1) All of the information as set forth in this application is true and correct.
- 2) All construction will comply with the requirements of the Municipal Zoning Ordinance Code.
- 3) If construction is within the floodplain, all requirements of the Municipal Floodplain Ordinance must be met.
- 4) This application is for Zoning Only and shall not relieve the applicant from obtaining other permits as may be required by Law.

Authorized Signature (applicant/property owner)

Date

Directions For Submission of Application

Required Documents: Highway Occupancy Permit, Sewerage Permit and Water Service.

If there are any questions filling out this form please call Williams Inspection Service.

Send or Drop off application to Williams Inspection Service with the proper permit fees.

Checks for Zoning must be made payable to Milesburg Borough and sent to Williams Inspection Service.

Workers Compensation Affidavit or Contractors Liability Insurance must accompany this application.

Zoning Officer Use Only - Do Not Write On This Page

Zoning Regulations Compliance

Tax Parcel Number: _____

Zoning Permit # _____

Zoning District: _____

Utilities:

Sewer Service: Public Private Permit Number _____
Water service: Public Private

Parcel Regulations:

Actual Lot Size: _____ Minimum Lot Size Required: _____
Actual Lot Frontage: _____ Minimum Lot Frontage Required: _____
Total Square Footage of Existing Structures: _____
Total Square Footage of Proposed Improvements: _____
Total Combined Square Footage: _____
Actual Lot Coverage: _____ Maximum Lot Coverage: _____
Actual Impervious surface: _____ Maximum Impervious Surface: _____
Building Setbacks Required: (Front) _____ (Side) _____ (Rear) _____
Proposed/ Actual: (Front) _____ (Side) _____ (Rear) _____
Actual Building Height: _____ Maximum Building Height _____

Required Documents:

Highway Occupancy Permit Number: _____
 Act 222 Compliance
 NPDES Permit Number: _____

Zoning Permit Approval:

Approved: Permit Number: _____
Denied: Reason: _____

Applied to Zoning Hearing Board/Governing Body:

Type of Action Requested:
Appeal Variance Conditional Use Special Exceptions

Application Submitted: Yes No Fee Paid: _____

Date of Zoning Hearing:

Comments Submitted to Zoning Hearing Board:

Decision of Zoning Hearing Board:

