

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

# Zoning Permit Application

Boggs Township, Centre County  
1270 Runville Road, Bellefonte, PA 16823  
Phone: 814-355-3301 Fax: 814-355-3064

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:

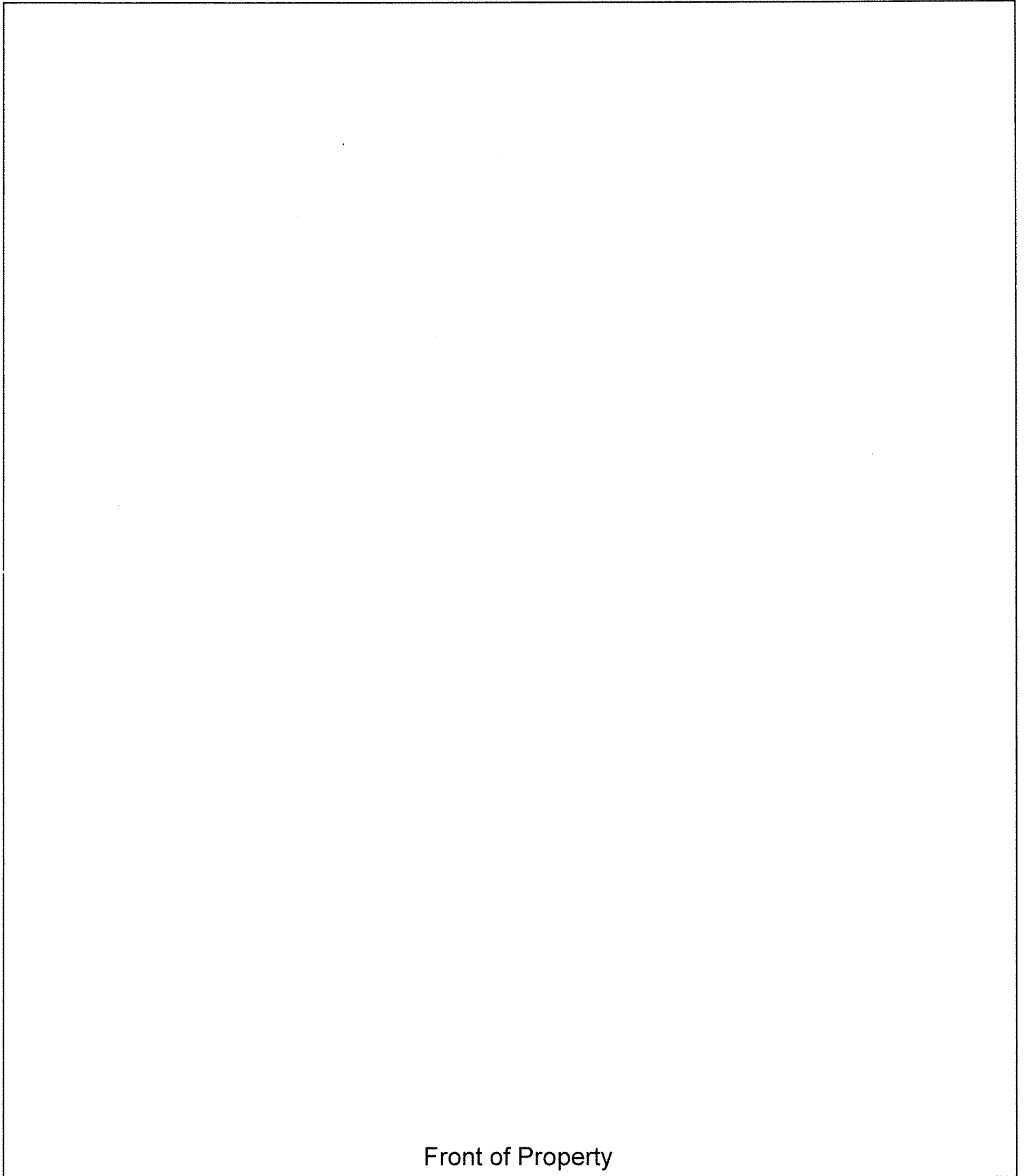
Front \_\_\_\_\_ Rear \_\_\_\_\_ Left \_\_\_\_\_ Right \_\_\_\_\_

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:

Minimum Fee is \$75.00 or .10 x Total Square Footage whichever is greater.

Total square footage Includes All Improvements (formula: Length x Width x Number of Stories).

Make check payable to **BOGGS TOWNSHIP** include with this application.

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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

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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 Boggs Township 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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_