UPPER PROVIDENCE TOWNSHIP, DELAWARE COUNTY
ZONING PERMIT APPLICATION CHECKLIST

All of the following must be provided with this application. Please contact us to confirm, if you believe some of these items may not be required for your submission:

1. A site plan must be submitted with the zoning permit application showing the following information:
    a. The dimensions of the lot.
    b. All existing and proposed structures and dimensions.
    c. All existing and proposed impervious surfaces and dimensions.
    d. Location of any streams within 100' of the property.
    e. Designation of any steep slope areas within the property boundaries.
2. The zoning permit fee must be submitted with the applications. Checks shall be made payable to Upper Providence Township.
3. Application does not guarantee approval. No work may commence until approval is granted. The maximum zoning review period is 45 days.
4. The applicant is responsible for the accuracy of the information contained in this application and any supporting documentation. Permits issued based on incorrect information shall render any approvals invalid, and any and all expenses incurred as a result of any inaccuracies are borne by the applicant.

Address of Job_____

Owner's Name_____**Phone**_____**Email**_____

Contractor_____**Phone**_____**Email**_____

Zoning District_____ **Lot Size**_____ **Is this a corner lot**_____ **Is there a stream within 100'**_____

Current Impervious Coverage % _____ **Proposed Impervious Coverage %** _____

Proposed Setbacks: Front _____**Side**_____ **Side** _____ **Rear**_____

Are any of these setbacks and existing non-conforming condition _____**If yes, please describe.**

Please describe the type of work/installation you are proposing on the property:

Applicant's signature _____ **Date**_____

Office Use

Application Date_____ Fee Paid _____ Check #_____ Received By _____ Zoning District_____

Received from _____ Approval Date _____ Approved By_____ Permit #Z _____