



304 South State Street
Clarks Summit, PA 18411

Phone 570-585-4811
Fax 570-586-3024

ZONING PERMIT APPLICATION

INSTRUCTIONS TO APPLICANTS

When submitting an Application for a Borough Zoning Permit, the following items are required:

1. A completed application form.
It is not necessary that you “squeeze” the “Plot plan of proposed project” into the space provided. You may use an attachment with the drawing. The drawing must include:
 - Lot size/dimensions
 - Location and measurements of existing structures
 - Front, Rear and Side yard setbacks
 - The proposed structure/addition, etc. represented in a dotted line.
2. A copy of the current deed to the property.
3. A copy of any decision or actions by the Borough Zoning Hearing Board, and/or Planning Commission, and/or Council, if applicable.
4. The following Contractor information:
Name: _____
Address: _____
Phone: _____ Federal ID# _____
Plus a Copy of their Certificate of Insurance of having General Liability and Workman’s Compensation Insurance. This can be faxed to the Borough office at (570) 586-3024. In lieu of not having Workman’s Compensation Insurance, contractor must complete and have notarized Workman’s Compensation Insurance-Coverage Information Form attached.
5. The Borough and/or any authorized agent may request/require additional items or information while reviewing this application.

DATE RECEIVED: _____

REC. BY: _____

ZONING PERMIT APPLICATION

(In accordance with the Clarks Summit Zoning Ordinance)

Property Owners Information:

Name: _____

Address: _____
(Street) (City) (State) (Zip)

Phone #: _____

Project information:

() Erect a new: _____ (single family dwelling, commercial building, etc)

() Erect a detached: _____ (pool, accessory structure, fence, etc)

() Construct an attached addition: _____ (garage, room deck, etc.)

() Renovation of: _____ (kitchen, bathroom, living room, etc.)

Proposed Pool, Structure or Fence (dimensions): _____

Estimated Construction cost: _____

Property Information:

Property Location: _____

Zoning District: _____ Tax Map #: _____

Lot (dimensions): _____ X _____ Sq.- Ft: _____

Existing Buildings (dimensions): _____ X _____ Sq.-Ft: _____

Front Setback: _____ Side Setback: _____ Rear Setback: _____

I [we] hereby represent that the information provided herein submitted is true, correct and agree to obey all of the Ordinances and Laws of the Borough of Clark Summit and the Commonwealth of Pennsylvania concerning Building and Zoning Regulations.

Owner's signature

APPLICANT INFORMATION:

NAME: _____

ADDRESS (STREET, PO BOX): _____

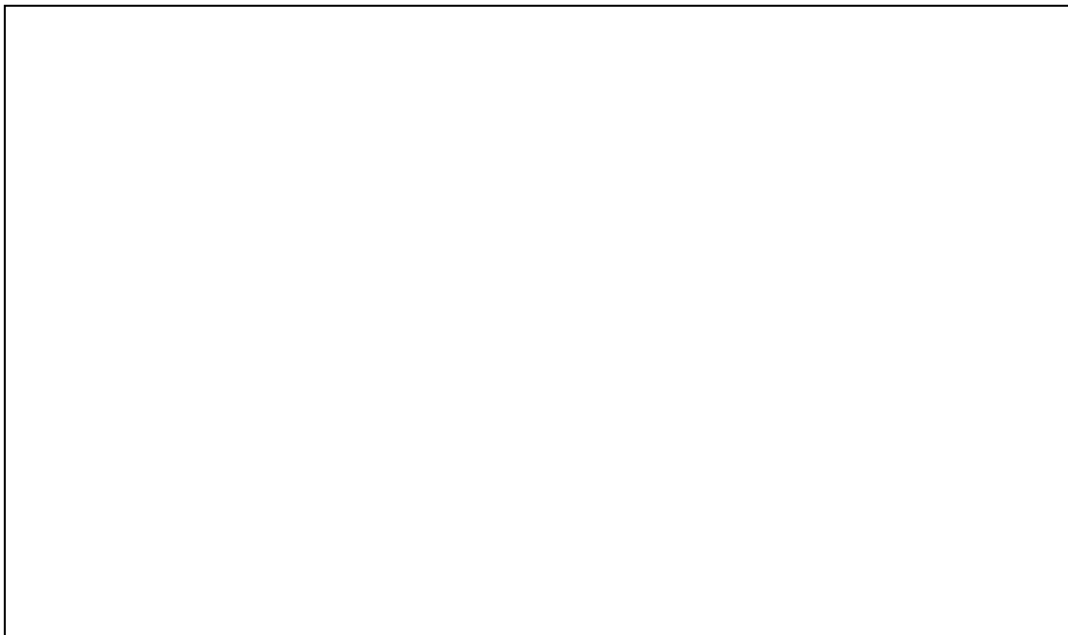
TELRPHONE: _____

CITY: _____ STATE: _____ ZIP: _____

INTEREST IN PROPERTY: Owner, Tenant, Agreement of Sale, Other

PLOT PLAN SKETCH

Rear Footage



S
I
D
E

F
O
O
T
A
G
E

Front Footage

Borough Use Only

Fee: \$50.00

Denied/Issued: _____

Date: _____

Permit #: _____ **Code Enforcement Officer:** _____

Reason for Denial: _____

