Granville Township Application for Zoning Permit

100 Helen Street, Lewistown PA 17044

Phone: 717-242-2334 Zoning Officer Timothy Plank: 717-247-4750 www.granvilletwp.org

SITE ADDRESS: _____

OWNER/APPLICANT:

Name: _____ Phone: _____

Address: _____ E-mail: _____

_____

CONTRACTOR:

Name: _____ Phone: _____

Address: _____ E-mail: _____

_____

PA REGISTRATION # _____

TYPE OF WORK OR IMPROVEMENT:

___ Shed ___ Garage ___ Addition ___ Sidewalk

___ Fence ___ Sign ___ Demolition ___ Solicitation

___ Patio ___ Deck – under 30" ___ Other: _____

Description of Proposed Work:

_____

_____

_____

Estimated Cost of Project: _____

Signature of Applicant or Applicant's Agent: _____ Date: _____

The applicant hereby applies for a zoning permit to be issued by Granville Township and hereby certifies, subject to the penalties of 18 PaCSA Section 4904, relating to unsworn falsification to authorities, that the facts set forth in this application are true and correct. The applicant further certifies that the work to be performed will, in all respects, conform to the scope of work set forth in this application. Applicant acknowledges and understands that the Township may revoke any permit issued pursuant to this application if information provided in this application is incorrect or if the scope of work exceeds the information provided in this application. The signature of the applicant or applicant's agent on this application grants permission to the Township and its duly authorized representatives to enter onto the property to inspect the work authorized by the permit issued pursuant to this application.

TOWNSHIP USE ONLY

Tax Map:		**Zone:**	**Date Rcvd:**	**Permit No.:**
Fee:		**Sq. Ft.**	**Date Issued:**	

Zoning Stipulation: _____

Zoning Officer: _____

Site Plan: See **Sample Site Plan Document for instruction**