FILE NO.: _____

ZONING PERMIT APPLICATION

ADAMS COUNTY ZONING ORDINANCE
c/o ADAMS COUNTY OFFICE OF PLANNING AND DEVELOPMENT
670 OLD HARRISBURG ROAD, SUITE 100
GETTYSBURG, PA 17325
PHONE: (717) 337-9824

TO BE FILLED IN BY APPLICANT:

Application is hereby made for a permit in compliance with the Adams County Zoning Ordinance. Applicant hereby certifies that the plot plans submitted with this application are correct and no changes will be made without submitting a written plan for such changes. Application shall be considered as complete when the zoning permit fee has been paid and the application is signed by the applicant.

1. Property Owner(s):_____Telephone:_____
2. Owner(s) Address:_____Email:_____
3. Applicant:_____ _____
4. Applicant Address: _____
   _____
5. Location of Property: _____
6. Area of Lot/Parcel: _____ Sq. Ft. or Acres: _____
7. Describe Present Uses/Structures: _____
8. Corner Lot: YES/NO
9. Off-Street Parking Spaces: Present _____ Proposed _____

10. Nature of Proposed Project: _____
    _____ Erect a New Structure(s) _____
    _____ Replace a Structure(s) _____
    _____ Add to a Structure(s) _____
    _____ Erect/Replace a Sign _____
    _____ Change of Land Use _____
    _____ Home Occupation _____
    _____ Other (Specify Below) _____

11. Describe Proposed Use(s): _____
    _____
12. Height of Proposed Building: _____
13. Road Encroachment Permit: _____Municipal _____ State
    Applicants are advised that a highway occupancy permit is required from PennDOT prior to drive access to state highway.
14. Size of Sign(s) (if applicable): _____ x _____ x _____ ht.,
    _____ x _____ x _____ ht.,

15. Signature of Applicant _____ Date _____

TO BE FILLED IN BY ZONING OFFICER/ADMINISTRATOR:

The following shall be the minimum requirements for the proposed project(s) as set forth in the Adams County Zoning Ordinance.

1. Plot Plan Submitted? YES / NO / NOT REQUIRED

2. Zoning District: _____
3. Setback Information:

Required:		Proposed: Structure A	Structure B	
_____	Front	_____	_____	feet from right-of-way
_____	Rear	_____	_____	feet
_____	Side	_____	_____	feet
	or	_____		feet on one side with a combined total of feet for both sides

4. Minimum Loading Space _____ Loading Space Provided _____
5. Maximum Sign Area _____ Proposed Sign Area _____
6. Maximum Lot Coverage _____ Proposed Lot Coverage _____

7. Remarks:

_____
_____
_____
_____

8. Fee: $ _____ Date Paid _____

Cash_____ Check Number _____

**** Please make all check payable to "Adams County Planning Commission"**

CERTIFICATION

1. The proposal DOES/DOES NOT comply with the County Zoning Ordinance.
2. A variance is required Yes/No.
3. A Special Exception is required Yes/No.
4. A permit for the above described project/use was GRANTED/REFUSED on this _____day of _____, 20__.
5. This permit expires on the _____ day of _____, 20__.
6. If applicable, the following conditions were placed on a special exception permit by the Zoning Hearing Board:
   a.
   b.
   c.
   d.
7. Signature of Zoning Officer _____Date: _____