

CANTON TOWNSHIP
ZONING PERMIT APPLICATION

CANTON TOWNSHIP

PROCEDURE:

- Complete application, submit with appropriate fee to Township office.
- Zoning Officer will review application.
- If complete and no issues, a zoning permit will be issued.
- Township will call when ready for pick up.

PLEASE INCLUDE / ATTACH COMPLETE SET(S) OF PLANS

Check List

- Accessory Structures/Pool/Shed/Deck – 1 set of Plans
- Other structures – 2 sets of plans
- Completed Application
- Check for appropriate Zoning permit

*I, *the undersigned*, understand the requirements of the applicable Zoning ordinances and Codes and I agree that constructing in compliance with all applicable Zoning Ordinance and building code standards is *my responsibility*. I understand that any non-compliant construction discovered upon inspection will require re-construction to meet all applicable Zoning and Building Codes, and it is also my/our responsibility to comply with all restrictions in the *chain of title to my/our property*.

_____ / / _____
Applicant's Signature **Date**

Email Address: _____

****OFFICE USE ONLY****

PERMIT # _____

PERMIT FEE - Payable to Canton Township
(Permit fee is set by Township Resolution)

- Zoning Permit** – Check # _____ Amount _____
 - Residential - \$40.00
 - Commercial - \$100.00
 - Industrial - \$250.00

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APPLICANT INFORMATION:

DATE _____
APPLICANT NAME: _____ Phone: (____) _____
OWNER NAME: _____ Phone: (____) _____
ADDRESS (NO PO BOX): _____
CITY: _____ STATE: _____ ZIP: _____

PROPERTY INFORMATION:

ADDRESS OF PROPERTY: _____
PARCEL I.D. NUMBER: (***REQUIRED***) _____
ZONING DISTRICT OF PROPERTY _____ CONSTRUCTION COST: _____
LOT LENGTH & WIDTH: _____ LOT SQUARE FOOTAGE _____
BUILDING SETBACKS:
From Right Property Line: _____ Ft. From Left Property Line: _____ Ft.
From Front Property Line: _____ Ft. From Back Property Line: _____ Ft.
LOT SIZE (ACRES) _____ WATER SUPPLY: ___ PUBLIC ___ PRIVATE
SEWAGE DISPOSAL: ___ PUBLIC ___ PRIVATE
PART OF SUBDIVISION: _____ YES _____ NO
TYPE OF BLDG/STRUCTURE: RESIDENTIAL COMMERCIAL INDUSTRIAL
 OTHER _____
DESCRIPTION OF CONSTRUCTION: _____ WOOD _____ STEEL _____ OTHER
If other then please describe. _____
DESCRIPTION OF PROPOSED USE: _____
BUILDER/CONTRACTOR NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
PHONE:(____) _____ FAX(____) _____

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THE APPLICANT: _____

(please print)

In consideration of the issuance of a zoning or building permit to the undersigned ***the Applicant*** acknowledges that, in reviewing plans and specifications, in issuing permits, and in inspecting work of the Applicant, employees of the Municipality are only performing their duties to require compliance with the minimum requirements of the applicable Ordinances of the Municipality pursuant to the policy power of the Municipality and are not warranting to the Applicant or to any third party the quality or adequacy of the design, engineering or work of the Applicant. Applicant further acknowledges that it will not be possible for the Municipality to review every aspect of Applicant's design and engineering or to inspect every aspect of Applicant's work. Accordingly, neither the Municipality nor any of its elected or appointed officials or employees shall have any liability to the Applicant for defects or shortcomings in such design, engineering or work, even if it is alleged that such defects or shortcomings should have been discovered during the Municipality's review or inspection.

Furthermore, the Applicant agrees to defend, hold harmless and indemnify the Municipality, its elected and appointed officials and employees from and against any and all claims demands, actions and causes of action of any one or more third parties arising out of or relating to the Municipality's review or inspection of the Applicant's design, engineering work or issuance of a permit or permits, or arising out of or relating to the design, engineering or work done by Applicant pursuant to such permit or permits. All references in this Agreement to Applicant's employees, agents, independent contractors, subcontractors or any other persons or entities performing work pursuant to the issuance of the permit by the Municipality.

Applicant/Owner is responsible for obtaining required highway occupancy permits from the PA Dept. of Transportation. I _____ hereby agree that all applicable provisions of the Township Zoning and Building Codes, the Energy Conservation Act 222 of 1990 and the 2009 Uniform Construction Code shall be complied with, as well as the requirements of the Municipal Sewer and Water Authority whether specified or not.

I am fully aware of the U.S. Department of Labor, Occupation Safety and Health Administration (OSHA) standards and understand that I must comply with these standards for the duration of my construction project.

I certify that the information provided in this application package is true and correct.

APPLICANT'S SIGNATURE: _____

DATE: ____/____/____

JOB ADDRESS: _____

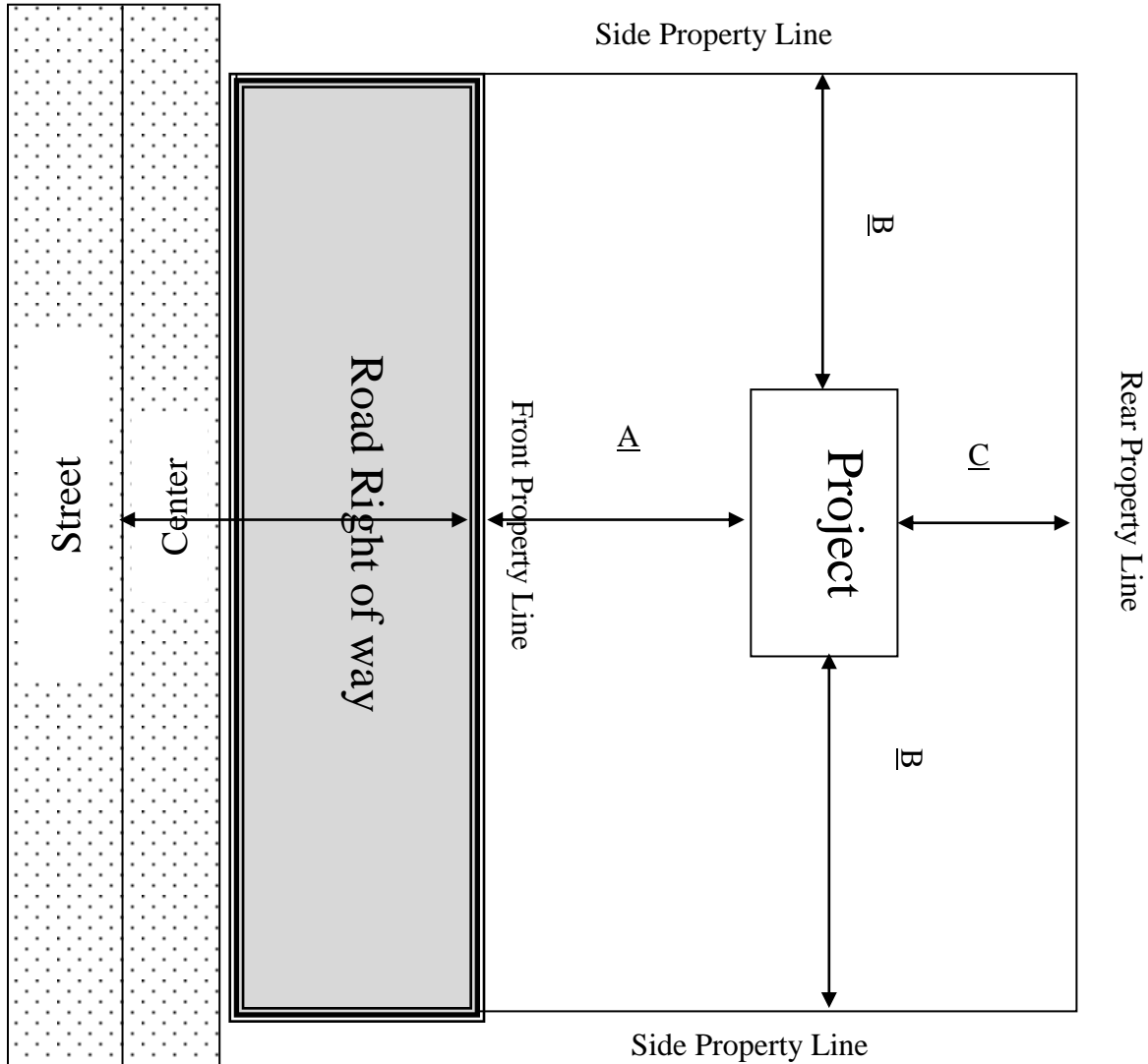
PROJECT SKETCH WORKSHEET

Please feel free to use additional paper / drawings for this part.

A large, empty rectangular box with a thin black border, occupying most of the page. It is intended for a project sketch.

SETBACK DISTANCES WORKSHEET

CANTON TOWNSHIP



When measuring the front of the property to find the front setback, the right of way must be taken into consideration. To find your front property line you must first know what the right of way is for your street. This information can be provided for you at the time you pick up your building permit application. From the center of the road (right of way divided by 2) measure into your property. This is where your front property line is located. **A**: From this point measure to the front of your project to find your front setback. **B**: To find your side setback, measure from your project to the side property line. **C**: To find the rear setback, measure from the back of your project to the rear property line. Place these measurements on worksheet. The measurements that I have provided are true and correct.

Applicant Signature

Date

CANTON TOWNSHIP BUILDING / ZONING PERMIT APPLICATION COVER PAGE

*******Internal use only*******

Date Received: ____/____/____ | Initials: _____

Zoning Reviewed: ____/____/____ | Initials: _____

Zoning approved: ____/____/____ | Initials: _____

Sent to Building Official: ____/____/____ | Initials: _____

Via: ___Fax ___Email ___Delivery ___Picked up___

Date resident / contractor notified: ____/____/____ | Initials: _____

Date permit picked up: ____/____/____ | Initials: _____

Zoning Permit

Building Permit