



City of Shamokin Zoning Permit Application
47 E. Lincoln Street
Shamokin, PA 17872
 Phone: (570) 644-0876 Cell: (570) 486-9396

FEE: \$30.00

A. Applicant data: (Please Print)

Applicant's name _____ Phone number _____
 Address _____ City _____ State _____ Zip _____
 Name of Owner if other than Applicant _____ Phone number _____
 Address of Owner _____ City _____ State _____ Zip _____

Under the penalties of the Commonwealth of Pennsylvania Crimes Code for falsification of information, I (we) certify that all information set forth in this application is true and correct; that the proposed work is authorized by the owner of record; that I have been authorized by the owner to make this application as his authorized agent; and that we agree to conform to all applicable laws of the City of Shamokin, the State of Pennsylvania, and all other required codes and ordinances.

Signature of applicant: _____ Date: _____

B. Site Location data:

Location: _____ Shamokin, PA 17872 Zoning district: _____ Tax Parcel # _____
 Building Name (if applicable) _____

C. Use data:

1. Type of activity: (check all that apply)

- | | | |
|--|---|---|
| <input type="checkbox"/> New construction | <input type="checkbox"/> Relocation of existing structure | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Addition to existing structure | <input type="checkbox"/> Change of use | <input type="checkbox"/> Sidewalk replacement, attach sketch |
| <input type="checkbox"/> Alteration to existing structure | <input type="checkbox"/> Erection of sign(s) | <input type="checkbox"/> Roof replacement ONLY no alterations |
| <input type="checkbox"/> Change/extension of nonconforming use | <input type="checkbox"/> Demolition | <input type="checkbox"/> Siding replacement ONLY no alterations |
| <input type="checkbox"/> Establish a new business, type: _____ | | |
| <input type="checkbox"/> Temporary zoning permit, use: _____ | | |

2a. Current Principal use: (check all that apply)

- Residential Single Family Multi Family (units)
- Mobile Home Mobile Home park
- Commercial; type _____
- Industrial; type _____
- Manufacturing; type _____
- Institutional; type _____
- Other; _____

2b. Proposed Principal use: (check all that apply)

- Residential Single Family Multi Family (units)
- Mobile Home Mobile Home park
- Commercial; type _____
- Industrial; type _____
- Manufacturing; type _____
- Institutional; type _____
- Other; _____

3a. Current Accessory use: (check all that apply)

- Garage Carport Shed
- Deck/Patio/Porch Enclosed Open
- Private swimming pool Above ground In ground
- Fencing; type _____ height _____
- Home Occupation; type _____
- Professional Office; type _____
- Other; _____

3b. Proposed Accessory use: (check all that apply)

- Garage Carport Shed
- Deck/Patio/Porch Enclosed Open
- Private swimming pool Above ground In ground
- Fencing; type _____ height _____
- Home Occupation; type _____
- Professional Office; type _____
- Other; _____

4 Sign Permits:

- Mounted on wall surface Mounted Perpendicular to wall
- Mounted on ground Pylon mounted
- Length _____, Width _____, Square feet _____
- One sided Two sided Illuminated
- Height from ground to top of sign _____
- Other; _____

5 Paving Permits:

- Sidewalk exact size replacement ONLY, attach sketch
- Driveway permit, attach sketch
- New or additional paving: (square feet), attach sketch
- Sidewalks _____, Patio _____, Driveway _____
- Brick Concrete Asphalt
- Other; _____

Attach a drawing or sketch of the sign, including all dimensions. Pylon signs require registered professional seals and signatures.

Please Note

- * Work authorized by the Zoning Permit shall begin within six (6) months and shall be completed within 24 months of Permit issuance, or as per other time limits as assigned by the Zoning Hearing Board, or the permit will be void.
- * Issuance of this permit may be appealed, in writing, by any aggrieved party within 30 days of its issuance.
- * Completion and submission of this application shall not relieve the applicant from obtaining other permits as may be required by other local, state, or federal laws or regulations.

Signature of Applicant

D Disposition (to be completed by the Zoning Officer)

- Zoning File No. _____ Filing date _____ Filing fee paid Approval date _____
- Reason for zoning non-compliance: _____ Rejection date _____
- BOA notification letter sent, dated _____
- Permit issued, date _____ Permit Number _____ Attached file copy of permit
- Signature of zoning officer: _____

Zoning Board of Adjustment

- Variance _____; Special exception _____
- Other _____; Date of Hearing _____
- Conditions _____

Decision of Board:

- Approved Rejected Date _____
- Conditions of decision: _____

Interim Compliance

- Not started, _____ Underway _____ Work completed _____
- Underway, _____ Underway _____ File Closed _____
- Underway, _____ Underway _____ **PERMIT:** _____