

Borough of Summit Hill  
40 West Amidon Street, Suite 3  
Summit Hill, PA 18250-1533

Larry Marek, Zoning Officer  
Office: 570-645-2305  
Cell: 570-657-0807

### Zoning Application/Permit

*Submit the completed application, proposed site drawings, and the required fee to: Summit Hill Borough*

Application is being made for a Zoning Permit to erect or use for the purpose(s) listed hereon the property and/or structures depicted on the attached plot plan. It is understood by applicant that any intentional misrepresentation or misstatement of material fact on this application concerning the erection, movement, alteration or usage of property or structures described hereon, without approval of the Zoning Officer, constitutes sufficient grounds for revocation of this permit.

This permit shall not relieve applicant from obtaining such other permits required by law. Violation of any provision of the Zoning Ordinance is punishable, upon conviction, by a fine not to exceed \$500 for each offense, recoverable with costs, together with judgment. Each day of violation constitutes a separate offense.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

Permit # \_\_\_\_\_ Issue Date \_\_\_\_\_ Expire Date \_\_\_\_\_

Fee \$ \_\_\_\_\_ Date Paid \_\_\_\_\_ Date Received \_\_\_\_\_

Zoning District \_\_\_\_\_ Tax Parcel # \_\_\_\_\_ Estimated Cost of Project \_\_\_\_\_

Applicant Name \_\_\_\_\_ Address \_\_\_\_\_ Phone# \_\_\_\_\_

Deed Owner \_\_\_\_\_ Address \_\_\_\_\_ Phone# \_\_\_\_\_

Lessee \_\_\_\_\_ Address \_\_\_\_\_ Phone# \_\_\_\_\_

Description of Activity: \_\_\_\_\_

Proposed Work: \_\_\_\_\_ Change of use From \_\_\_\_\_ To \_\_\_\_\_

The Zoning and/or Building Permit shall be issued or refused within thirty (30) days from the date of application. If refused, the applicant may request a Hearing before the Summit Hill Zoning Hearing Board. The application for this request can be obtained by contacting the undersigned.

There is a thirty (30) day appeal period afforded for all permits issued. Any work undertaken within the thirty-day period is at risk of the applicant/permit holder. Summit Hill Borough is not liable for monetary or other damages stemming from a successful appeal of a permit.

I, undersigned, do hereby certify that the information contained herein is true and correct to the best of my knowledge.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Phone#: \_\_\_\_\_

This permit becomes null and void if construction has not commenced within one year of the date of issue. This permit does not release the owner from the requirements of any other municipality, state agency, federal agency and their respective regulations or ordinances. A municipal or DOT driveway permit may be required. All information submitted supporting this application shall become part of the permanent records of the participating municipality, cannot be returned and may be examined by the public at any time.

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(Borough Use Only)

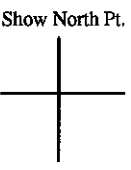
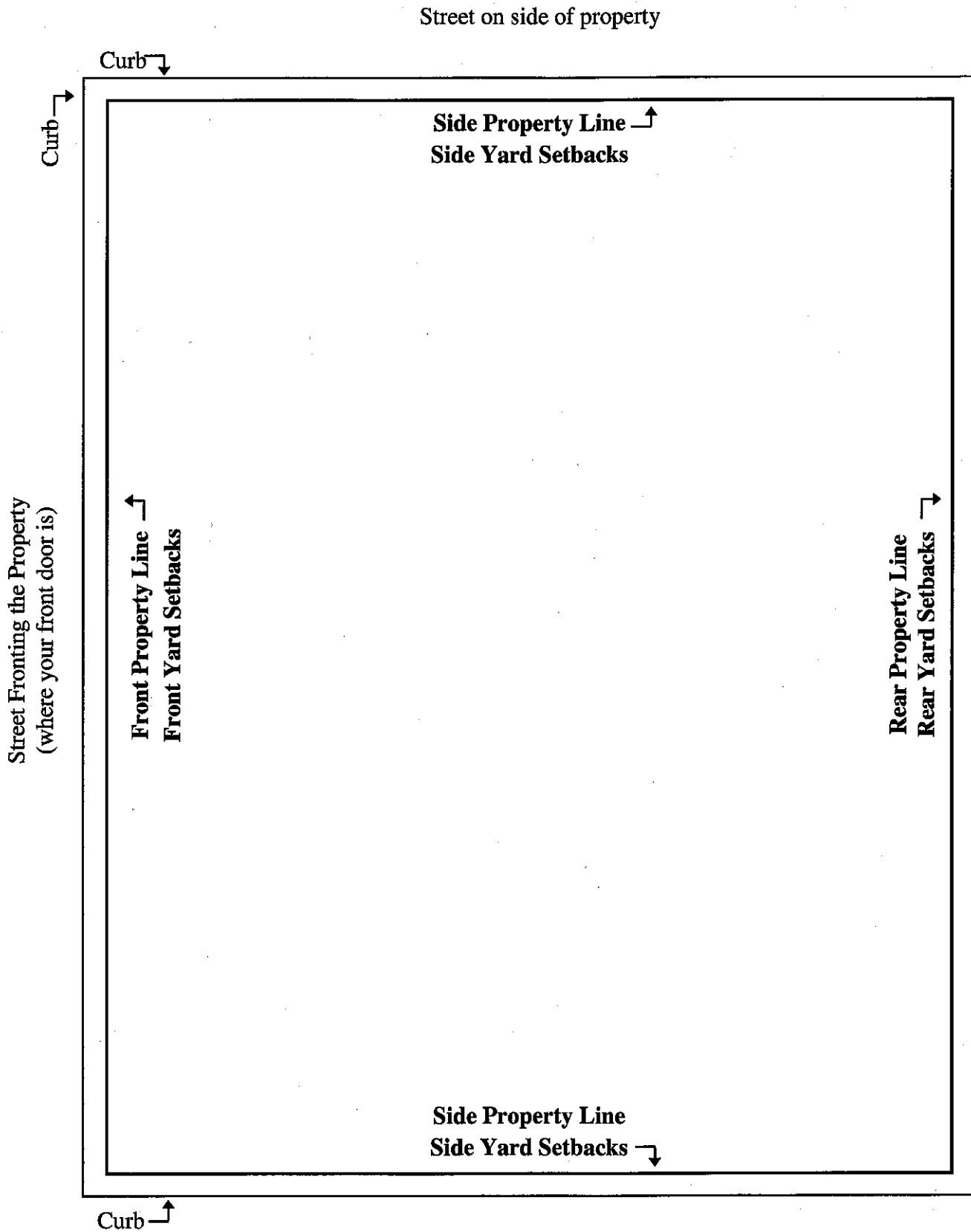
Applicant is hereby:  Approved  Denied  Incomplete

Remarks or Reason for Denial: \_\_\_\_\_

Zoning Officer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I will have the structure built and located in accordance with the dimensions shown on the sketch below.

Signed..... Date.....



Note: The Zoning Officer is NOT responsible for any property dimensions shown on this sketch; establishment of property lines is the responsibility of the owner and/or his agent.

Show a copy of the deed for which property improvements are proposed. Show the Size, Location and Setbacks of all existing and proposed buildings, structures and/or signs.