

CAERNARVON TOWNSHIP
APPLICATION FOR ZONING PERMIT
ON-FARM OCCUPATION

PERMIT #: _____

APPLICATION DATE: _____

Applicant's Name: _____ Telephone No. _____

Address: _____

Owner's Name: _____ Telephone No. _____

Address: _____

Address of Property: _____

Description of New Structure or Modification: _____

Construction Will Be: () Stone () Brick () Frame () Block
() Stucco () Aluminum ()
Other

On-farm occupation will utilize _____ square feet and a height of _____ from grade to the highest point. Dimension: _____

Value of the Completed Structure or Modification: _____

(excluding land)

Proposed Use: _____

Date of Completion: _____

PROVIDE TWO (2) SETS OF PLANS WHICH CLEARLY SHOW...

1. The dimensions and shape of the lot to be built upon.
2. The location and dimensions (length & width) of all existing buildings on the lot.
3. The location and dimensions (length, width, & height) of all proposed buildings or additions to buildings and off-street parking and/or loading facilities.
4. The setback dimensions for all proposed buildings or additions to buildings, measured from the side and rear property lines and the abutting street centerline.
5. The location of sanitary sewer and water supply facilities.
6. A statement indicating the existing and proposed use.

Date

Applicant's Signature

FOR ZONING OFFICER'S USE ONLY

This application is: Approved () Denied ()

Date

Zoning Officer's Signature

Comments:

Zoning Permit Fee: _____ Building Permit Fee: _____ Other: _____

Total Fee: _____ Permit Fee Paid On: _____ Check Number: _____ Cash: _____

Zoning District: _____ Tax Map Number: _____ County Account Number: _____