

Application # _____

Paid _____

Cash _____ Check# _____

CHESTERFIELD TOWNSHIP

FEE: \$50.00

ZONING APPLICATION

Please complete all of the information as it applies to your project. Return completed form with a copy of your property survey.

Name of Applicant: _____ Phone Number _____

Address of Applicant: _____

Name and address of owner (If different): _____

Block _____ Lot _____ Street Address: _____

Property Dimensions: _____ Zoning District _____

Project you are requesting approval for: _____

Is the house number clearly visible from the street? _____

Is the project in the Historic District? _____

Is the project on preserved farmland? _____

Proposed Building/Structure size:

Feet Front _____ Feet Deep _____ Height _____ Square Feet _____

Stories _____ % of Building Coverage _____ % of Lot Coverage _____

Setback of Building/Structure:

Draw arrows on your survey from the project to all four property lines noting distances:

Front _____ Rear _____ Side _____ Side _____

Dimensions of principal building: _____

Describe in detail the activity (to be) conducted in the principal building: _____

Dimensions of all accessory buildings: _____

Describe in detail the activity or activities to be conducted in any of the accessory buildings: _____

State whether any of the activities described above are conducted as a nonconforming use: (if so, provide supporting facts): _____

Has the premises been the subject of any prior application before the Planning Board to applicant's knowledge (explain)? _____

List any easements, encroachments or buffer zones on your property: _____

Signs:

Total Square Footage _____

Attach sketch of sign

Fences:

Type of Fence: _____

Height in Front _____ Height in Rear _____ Height on Side _____

Date: _____

Applicant

CONSENT OF OWNER

I, the undersigned, being the owner of the lot or tract described in the foregoing application, hereby consent to the making of this application and the approval of the plans submitted herewith.

Date: _____

Owner's Signature

Print Name

Sworn and subscribed to before me this
_____ Day of 20____.

Zoning Officer _____ Approved Denied Date: _____

Comments _____
