Dormit	Number	
Permi	Mumber	

APPLICATION FOR ZONING PERMIT

BOARD OF SUPERVISORS, UPPER PAXTON TOWNSHIP 506 BERRYSBURG ROAD, MILLERSBURG, PA 17061 PHONE (717) 692-4655 FAX (717) 692-7031

ApplicantName Street Address	City	State	Zip code
Phone Number	,		
Owner			
Name Street Address	City	State	Zip Code
Phone NumberTax Parcel Number a	t Location of construction		
Location of construction	Lot Number Section Name of Development		
Check all that apply, New BuildingAlterationRepa \$ must include all labor and material at cur	ir Cost of the proposed cor	nstruction	
Description of construction			
Number of BedroomsNumber of other rooms Size of Bu	uilding, LengthWidthSq	. Ft	
Use of Building, Check ResidenceApartmentBusinessInd	ustryFarm Number of Stories		
If Business or Industry provide State Permit Number?			
Foundation ConstructionFloors	Roof Framing		
Exterior Walls, FrameStoneBlock	or other		
Roof MaterialIs it wired for electric, yes_	no Fireplace, yes	no	
Type of Heat, Oil FiredGasCoalWoodE	lectric or other, specify		
Hot WaterSteamRadiantBaseboard	_RadiatorsHeat Pump		
Plumbing, YesNo Number of bathsPowder	Room Modern Kitchen, Yes_	NO_	
Lot SizeFront Width Feet	Depth Feet		
Front Yard Setback FtRear Yard Setback Ft Side	Yard Setback FtSide Yard Setk	oack Ft	
Garage AttachedGarage UnattachedGarage I	BasementCarport		
ContractorName Address			
Is plumbing involved in construction yesno		Phone	Number
If yes, has the sewer system been updated or inspected, yes	_noState sewage permit numb	er	
 Construction of driveways or walks must have a drawing or plan showing meadrawing must be submitted to Upper Paxton Twp. for approval from the township. Submit a site plan of the lot showing existing building and the proposed building. Permit is void if construction is not started within 6 months of date of permit and 	o Roadmaster and Supervisors. ng with setbacks, also an Erosion & Sedimen	t plan.	d
Signature of Applicant	Approved by		
Date	Tentative completion date		

Permit Fee as Per Fee Schedule_____