



Shrewsbury Township

York County, Pennsylvania

ZONING PERMIT APPLICATION

OFFICE HOURS FOR PERMITTING – Monday, Tuesday & Wednesday 8:00am-4:00pm

OFFICE CLOSED FOR PERMITTING – Thursday & Friday

Property Owner	_____	Phone#	_____
Address	_____	Cell#	_____
Contractor	_____	Phone#	_____
Address	_____	Cell#	_____

I/We the undersigned, hereby apply for a permit for the purposes described in this application and the attached plans. I/We the undersigned assume responsibility for the establishment of official property lines and property corners prior to construction. I/We the undersigned understand that the permit issued subsequent to this application in no way constitute approval as to location or grade of any building or structure.

**NOTE: ALL ZONING INSPECTIONS WILL BE COMPLETED BY SHREWSBURY TOWNSHIP
ALL ZONING INSPECTIONS ARE SCHEDULED BY CALLING SHREWSBURY TOWNSHIP
AT (717)-235-3011 EXT 103**

PROPERTY OWNERS MUST SIGN ALL APPLICATIONS

MARKET VALUE OF PROJECT _____

(Includes all material and labor to complete the job)

Circle One:

Install	_____
Demolish	_____
Zoning Permit	_____
Driveway	_____
Well	_____
Sign	_____

Location of Project	_____
Subdivision & Lot	_____

Tax Map _____ Parcel _____ Zoning Classification _____

Type of Sewage System (Circle One) On Lot or Public Date Permit Issued _____

Stormwater Information: Seepage Pits Required : (Circle one) YES or NO

Erosion & Sedimentation Plan Required: (Circle one) YES or NO

Date of approved E&S plan: _____

I hereby certify that all of the above statements and the statements in any papers or plans submitted herewith are true to the best of my knowledge and belief. I also understand all building, zoning, or subdivision regulations do apply and I will comply with all municipal and state regulations before U&O or Zoning Permit is issued.

Signature of Applicant

Zoning Permit #

Signature of Owner

Print – Property Owner Name & Telephone #

Date of Application

CODES ENFORCEMENT OFFICER