



Shrewsbury Township

York County, Pennsylvania

ZONING PERMIT APPLICATION

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**

MARKET VALUE OF PROJECT _____

(Includes all material and labor to complete the job)

Circle One:

Install _____
 Demolish _____
 Zoning Permit _____
 Driveway _____
 Well _____

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

12341 Susquehanna Trail South • Glen Rock • PA • 17327

Tel: 717-235-3011 Fax: 717-227-0662

www.shrewsburytownship.org