

**Property Owner** 

## Shrewsbury Township

York County, Pennsylvania

## **ZONING PERMIT APPLICATION**

Phone#

Address	Cell#
Contractor	Phone#
Address	Cell#
responsibility for the establishment of official property lines and	s described in this application and the attached plans. <u>I/We the undersigned assume</u> I property corners prior to construction. I/We the undersigned understand that the permit issued
ALL ZONING INSPECTIONS AR	o location or grade of any building or structure.  NS WILL BE COMPLETED BY SHREWSBURY TOWNSHIP E SCHEDULED BY CALLING SHREWSBURY TOWNSHIP AT (717)-235-3011 EXT 103
MARKET VALUE OF PROJEC	
(Includes all	material and labor to complete the job)
Circle One:	
Install	
Delta	
Well	
Tax Map Parcel	Zoning Classification
Type of Sewage System (Circle One) On Lot or Public D	ate Permit Issued
Stormwater Information: Seepage Pits I	
	Required: (Circle one) YES or NO
Date of approved E&S plan:	
	nts in any papers or plans submitted herewith are true to the best of my knowledge and belief. I do apply and I will comply with all municipal and state regulations before U&O or Zoning
Signature of Applicant	Zoning Permit #
Signature of Owner	Print – Property Owner Name & Telephone #
Date of Application	CODES ENFORCEMENT OFFICER

11505 Susquehanna Trail South · Glen Rock · PA · 17327 Tel: 717-235-3011 Fax: 717-227-0662

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