## ZONING HEARING BOARD APPLICATION

FEDERAL TAX ID# EIN \*Required for all Non-Residential Permits TAX PARCEL NO. 22-APPEAL NO: NOTE: This application must be completed and accompanied by nine (9) plot plans, showing all existing and proposed improvements and filing fee which are non-refundable. Applicant(s): (name) (address) (city) (state) (zip) (telephone) (email) Owner(s): (name) (address) (city) (state) (zip) (telephone) (email) Attorney: (name) (address) (telephone) (city) (state) (zip) (email) Interest of Applicant (Please select one): ☐ owner, ☐ equitable owner, ☐ buyer, ☐ builder, ☐ other 3. **Present Use** (Please select one): □ residence, □ office, □ warehouse, □ other 4. **Property Description** (Location or address of site): Proposed Structure or Improvement(s) 5. (addition, shed, fence, etc.) 6. **Proposed Structure Dimensions:** \_\_\_\_ (length in feet) x \_\_\_\_ (width in feet) x \_\_\_\_ (height in feet) 7. **Property Dimensions:** \_\_\_\_\_ (length in feet) x \_\_\_\_\_ (width in feet) Reason applicant believes Board should approve desired relief including description of use of neighboring properties, if this is an appeal from a decision of the Zoning Officer where it is alleged that, an error in the interpretation of the Zoning Ordinance was made, the appellant's objections to the Zoning Officer's actions with respect to each question of law and fact which is sought to be reviewed shall be specified (for additional space, continue on back). Application Date: \_\_\_ Applicant(s) Signature(s) Fee paid: \$ Expiration Date: \*I/WE hereby authorize members of the Townships Boards, and staff to enter the lands for site inspections. Present Zoning Classification: \_\_\_\_\_ The Appellant or applicant desires (insert desired use or other special relief sough for which special exception, variance or decision or administrative error of Zoning Office is requested)

The Applicant believes that Part \_\_\_\_\_, Section \_\_\_\_\_, Paragraph \_\_\_\_ restricts and/or zones the said property as to prevent the applicant from using it as set forth above and so as to work unnecessary hardship and damage to the applicant resulting in great loss there from.

ZONING HEARING BOARD #		
PROJECT #		
To Whom it May Concern:		
I understand that the decision of the Zoning Hearing Board concerning the matter for which this building and/or Zoning Permit is Issued may be appealed by any interested party within thirty (30) days of said decision.		
I further understand that any work done under said Permit within the thirty (30) day appeal period is at my own risk, and that I will not hold Middletown Township responsible, financially or otherwise, for any delay, loss or injury which may occur as the result of such appeal.		
I further understand that, if such appeal is made, said Permit will be revoked until such time as the appeal has been resolved.		
Signature		
Date		

## IMPERVIOUS SURFACE AND BUILDING COVERAGE CALCULATION SHEET

All permit applications for additions, accessroy structures, driveways, or other structures must be accompanied by a plot plan indicating all structures and impervious surfaces that exist on the property, including the proposed construction.

Please complete the following, where applicable:

TOTAL	L SQUARE FOOTAGE OF THE LOT	
A.	Square footage of house, including addtions	
В.	Square footage of carport or garage	
C.	Square footage of shed or detached accessory structure	
D.	. Square footage of covered decks or patios	
E.	Square footage of proposed building coverage	
F.	Total square footage of building coverage	
	(Add A+B+C+D+E)	
G.	. Square footage of driveway	
Н.	. Square footage of sidewalks (not public sidewalks)	
l.	Square footage of concrete patio(s) or pavers	
J.	Square footage of proposed impervious coverage	
K.	Total square footage of impervious surface	
	(Add F+G+H+I+J) (does not include E, if added above)	
	F ÷ Lot Size x 100 = Building coverage percent	
	K ÷ Lot Size v 100 − Impervious coverage percent	