

ZONING APPLICATION

TOWNSHIP OF HOPEWELL

20 PARKVIEW ROAD

AVELLA, PA 15312

PHONE (724-345-3333)

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EMAIL parkview20avella@yahoo.com

APPLICANT'S NAME: _____

ADDRESS: _____

CITY & STATE: _____

PHONE: _____

EMAIL: _____

ADDRESS OF SITE: _____

DESCRIPTION OF FACILITY AND LOCATION:

PROJECT DESCRIPTION: _____

PARCEL ID REQUIRED: 350-_____

LOT SIZE IN SQUARE FOOTAGE: _____

ZONING DISTRICT: _____

PUBLIC WATER: Yes ☐ No ☐

PUBLIC SEWAGE: Yes ☐ No ☐

ELECTRIC: Yes ☐ No ☐

MUST HAVE ATTACHED SKETCH OR PLAN OF IMPROVEMENTS:

SETBACKS FROM PROPOSED IMPROVEMENT

_____ From right property line

_____ From front property line

_____ From left property line

_____ From rear property line

Signature: _____

Date: _____

Printed Name: _____

APPLICATION FEE: \$95.00 RESIDENTIAL
\$150.00 COMMERCIAL