

Walker Township

Application for Land Use Permit

No. _____

Applicant

Applicant's Name _____ Owner Lessee

Address _____ Map No.: _____

_____ Phone No.: _____

Owner

Owner's Name (If different than Applicant): _____

If corporate entity, Name and Title of Responsible Officer: _____

Address _____ Map No.: _____

_____ Phone No.: _____

Project

Project _____

Description of Proposed Work: _____

Location of Project, if different: _____

Area Zoned: _____

Permitted Use: Yes No Building Permit Required: Yes No

Setbacks: Total Area _____ Frontage (ft.) _____

Front Yard Setback _____ Rear Yard Setback _____

Right Side (ft.) _____ Left Side (ft.) _____

Please indicate the proposed use of all parts of the building or structure: _____

Please identify all current or planned occupants of the proposed building or structure: _____

Estimated Starting Date _____ Estimated Completion Date _____

Estimated Cost of Project _____

Driveway Permit Yes No

Sewage Yes No

Sewage Permit No. _____

Sewage Officer _____

Public Sewage _____

Sewer Authority _____

By checking this box, Applicant certifies that it has attached all written evidence currently in its possession evidencing compliance with all pertinent state, county, and/or municipal statutes, ordinances and/or regulations and further agrees to comply with all such statutes, ordinances and/or regulations if the Permit is granted.

Applicant's Signature: _____

DATE _____

Owner's Signature: _____
(If different than Applicant)

DATE _____

APPROVED:

Zoning Officer _____

DATE _____

FEE:

Land Use Permit _____ (Payable to Walker Township)

Driveway Permit _____ (Payable to Walker Township)

Total Collected _____

Check No. _____ Cash
Date: _____

AFFIDAVIT OF OWNER

The Owner hereby affirms that the information set forth on the foregoing Application for Land Use Permit is true and correct to the best of my knowledge.

Signature of Owner

Printed Name of Owner

Title (if corporate entity)