

# Cherrytree Township

1311 Cherrytree Road

Titusville, PA 16354

Phone: 814 827-1078 Fax: 814 827-3579

Venango County

## Zoning Permit Application

**Property Owner(s) Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone #** \_\_\_\_\_

**Address for this Permit (if different than above):** \_\_\_\_\_

**Present Use of Property:** \_\_\_\_\_

**Estimate of Project Cost:** \_\_\_\_\_

**Description of Project:** \_\_\_\_\_

I hereby certify that I am the applicant for a permit in Cherrytree Township, Venango County, Pennsylvania. I am the (circle one) owner, partner, contractor.

It is agreed that all requirements of the Zoning Ordinance, and other ordinances, laws and resolutions of the Cherrytree Township and Pennsylvania statutes governing building, construction, health, sanitation and safety will be complied with and no deviation from the plans and/or specifications shall be made without further approval from the Zoning Officer, or other applicable Township Board or Commission.

I hereby certify that the information contained in this application is true and correct to the best of my knowledge and will submit to the Township one (1) copy of all documents filed in compliance with building code, sewage, subdivision and/or land development regulations.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Stormwater Fee:** \_\_\_\_\_

**Zoning Fee:** \_\_\_\_\_ **Check #** (payable to Cherrytree Township) \_\_\_\_\_

**Permit number:** \_\_\_\_\_ (once approved)

### OFFICE USE

**Application Received By:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Comments:** \_\_\_\_\_

THIS PAGE FOR STAFF USE ONLY

*Site and Zoning Information*

**Property Owner Name:** \_\_\_\_\_

**Property Address:** \_\_\_\_\_

**Parcel Identification #:** \_\_\_\_\_

**Zoning District:** \_\_\_\_\_

**Date Signed/Approved:** \_\_\_\_\_

**Date Disapproved:** \_\_\_\_\_

**Reason for Denial:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Comments:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signature of Zoning Officer:** \_\_\_\_\_

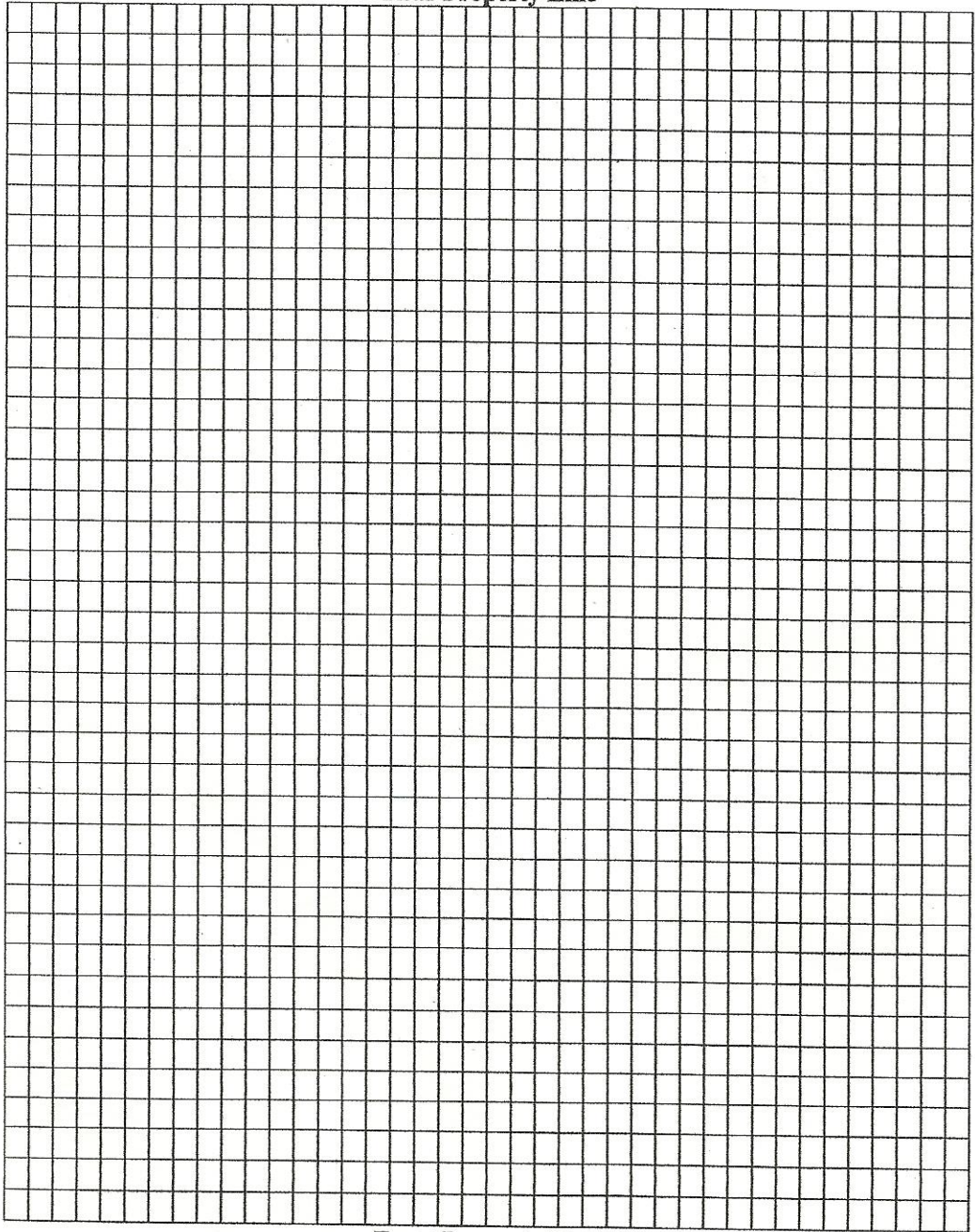
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# PLOT PLAN

*Please draw your proposed improvement in relation to property lines and existing structures on the property.*

1 square = approximately \_\_\_\_\_ feet

**Rear Property Line**



**Front Property Line**

**Small Project Application for Stormwater Management**

If the Total Impervious Surface Area is LESS THAN 1,000 ft <sup>2</sup> , complete Section 1 & 2 and sign below.
If the Total Impervious Surface Area is BETWEEN 1,000 ft <sup>2</sup> and 2,499 ft <sup>2</sup> , complete Section 1 & 2 and sign below.
If the Total Impervious Surface Area is BETWEEN 2,500 ft <sup>2</sup> and 5,000 ft <sup>2</sup> , complete Sections 1, 2 & 3 and sign the application.
If the Total Impervious Surface Area EXCEEDS 5,000 ft <sup>2</sup> , please contact your stormwater reviewing agency.

**Section 1**

Project Name: \_\_\_\_\_ Parcel ID# \_\_\_\_\_

Name of Applicant: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Impervious surfaces are any surface that prevents the infiltration of water into the ground. This includes house roofs, driveways, sidewalks, patios, garage roofs, storage sheds, and similar surfaces. Per \_\_\_\_\_ municipal's stormwater management regulations; stormwater management facilities are required whenever more than 2,500 square feet of new impervious surface is proposed. Existing impervious area and redevelopment are not considered "new" impervious surfaces for this calculation.

**Section 2**

Surface Type	Length (ft.)	X	Width (ft.)	=	Proposed Impervious Area (ft <sup>2</sup> )
Buildings (area to each downspout)		X		=	
		X		=	
		X		=	
		X		=	
Driveway		X		=	
		X		=	
		X		=	
Parking Areas		X		=	
		X		=	
Patios/Walks		X		=	
		X		=	
		X		=	
Other		X		=	
		X		=	
		X		=	
Total Impervious Surface Area					

Based upon the information you have provided, a Stormwater Management Plan IS NOT required for this development activity. By executing below, the Owner acknowledges the following:

- I hereby declare that I am the Property Owner, or Owner's Representative
- The information provided on this application is accurate to the best of my knowledge. I understand that submission of inaccurate information may result in a stop work order and/or revocation of permit(s).
- Municipal representatives are hereby granted access to the above described property as may be required for review and inspection of this project

Signature: \_\_\_\_\_ Date: \_\_\_\_\_