

CHARLESTOWN TOWNSHIP

Board of Supervisors

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Office Hours: 9AM – 3PM
Monday – Friday

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ZONING PERMIT APPLICATION

Date _____ Permit No. _____

Application is hereby made to the Township of Charlestown for a Zoning Permit in conformity with the requirements of Zoning Ordinance No. 116-04, and any amendments thereto for the following described work:

Property Location _____ Tax Parcel No. _____

Present Use of Property _____

Use of Adjoining Lot or Lots _____

The undersigned applicant hereby applies for a permit to:

- Construct or erect a new building or structure (i.e. fence, shed)
- Occupancy and use of a building, reconstructed, restored, altered, moved, or any change in the use of the existing building
- Occupancy, use or any change in the use of the land
- Any change in the use of a non-conforming use
- Install Sign(s) Permanent Temporary Directional

Name of Business (if applicable) _____

Proposed Use (specifically describe nature of business or use) _____

Detailed description of Work _____

Zoning District _____ Number of Employees _____

Lot Area _____ Building Size _____

Total Parking Spaces (this use only) _____

Public Water Yes No Public Sewer Yes No

Submitted herewith (in triplicate) is a scale drawing, fully dimensioned, of the lot showing the proposed work and/or structures. Also submit a copy of the previously approved L&I Plans and Occupancy Permit (if any).

Name of: _____ Address _____
Owner _____

Lessee _____ Address _____

Contractor _____ Address _____

Applicant _____ Address _____

Signature of Owner _____ Phone No. _____

Signature of Applicant/Contractor _____ Phone No. _____

Official Use Only:

Permit Approved

Permit Denied

Authorized Signature

Date

Permit Approved

Permit Denied

Authorized Signature

Date

Comments:

Final Inspection
Approved

Final Inspection
Denied

Authorized Signature

Date

Final Inspection
Approved

Final Inspection
Denied

Authorized Signature

Date

Comments:
