

LYNN TOWNSHIP Zoning Office

7911 Kings Highway, New Tripoli PA 18066-4519

{610} 298-2645 Fax {610} 298-2896

Website: www.lynnntp.org Email- lynnzone@ptd.net

ZONING APPLICATION

For accessory structures to one family dwelling less than 1000 sq.ft., or an agricultural building as defined under Section 103 of the Act.

Applicant agrees that the following work will be done as described in accordance with plans and specifications submitted, and in compliance with all provisions of the zoning ordinance, and all other applicable ordinances or requirements of **Lynn Township**.

ACCESSORY STRUCTURE PERMIT FEES – At time of submission:

Application Fee - \$50.00 **Permit Fee** – \$5.00 per 100 sq. ft or fraction thereof.

Minimum Permit Fee -\$25.00, Change of Use -\$20.00

Renewal Fee/6 month extension- \$50.00

NOTE: 3 COPIES OF A PLOT PLAN ARE NEEDED AT TIME OF SUBMISSION

FEES ARE NON-REFUNDABLE!

Please fill in all applicable information:

1. Location Address _____

2. Record Owner(s) _____ Address _____

3. Type of structure: Shed _____ Garage _____ Pole Building _____ Other _____

4. Lot Size _____ 5. Size of structure: Length _____ Width _____ Height _____

5. Total square feet _____

6. Setbacks for accessory structure: (actual distances, measurements from center line of road, if applicable)

Front _____ Rear _____ Right Side _____ Left Side _____

7. Value of Construction \$ _____

8. Work will be started _____ Work will be completed _____

9. Applicant _____ Phone _____

Address _____

Signature _____ Date _____

10. Builder _____ Phone _____

Address _____

Township Use Only- Zoning District _____ Tile No./Pin No. _____

Type of Use: Main _____ Accessory _____ Special Exception _____ Variance _____

APPLICATION NO. _____

Application Approved: Yes ___ No ___ Reason for denial _____

Reviewed by Zoning Officer: _____ Date: _____

Application Fee	Permit Fee	Permit Number	Date of Issuance
\$ 50.00			

***** ALL FEES ARE NON-REFUNDABLE! ***** Please make checks payable to Lynn Township.

PERMIT EXPIRES ONE (1) YEAR FROM DATE OF ISSUANCE

Note: Work must be completed by expiration date.

NOTE: NO INSPECTIONS WILL APPLY TO THIS PERMIT.

Zoningapplication.doc

Workers' Compensation Insurance Coverage Information

(Attach to Building Permit Application)

A. The applicant is

A contractor within the meaning of the Pennsylvania Workers' Compensation Law

- Yes*
- No

**If the answer is "yes," complete Sections B and C below as appropriate.*

B. Insurance Information

Name of Applicant _____

Federal or State Employer Identification No. _____

Applicant is a qualified self-insurer for workers' compensation.

- Certificate attached

Name of Workers' Compensation Insurer _____

Workers' Compensation Insurance Policy No. _____

- Certificate attached

Policy Expiration Date _____

C. Exemption

Complete Section C if the applicant is a contractor claiming exemption from providing workers' compensation insurance.

The undersigned swears or affirms that he/she is not required to provide workers' compensation insurance under the provisions of Pennsylvania's Workers' Compensation Law for one of the following reasons, as indicated:

- Contractor with no employees. **Contractor prohibited by law from employing any individual to perform work pursuant to this building permit unless contractor provides proof of insurance to township.**
- Religious exemption under the Workers' Compensation Law.
* Letter of religious affiliation needed under this exemption.

Subscribed and sworn to before me this _____ day of _____ 20 _____

{Signature of Notary Public}

My commission expires : _____

Seal

** Notarization required if signature is not witnessed by township personnel.

Signature of Applicant _____

Address _____

County of _____

Municipality of _____