

**LYNN TOWNSHIP Zoning Office**

7911 Kings Highway, New Tripoli PA 18066-4519

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

Website: [www.lynnntp.org](http://www.lynnntp.org) Email- [lynnzone@ptd.net](mailto: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
<b>\$ 50.00</b>			

**\*\*\* 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 \_\_\_\_\_