610 N Lawton Rd.
Wellsboro, Pa. 16901
570-724-5482
delmartwp1@gmail.com

DELMAR TOWNSHIP SUPERVISORS

ZONING PERMIT

Date: _____

Applicant: _____ Permit Fee: _____

Building Address: _____ Permit#_____

Parcel Number: _____ phone # (____) _____

Name of owner: _____

Address (if different from build) _____

Building use: _____ Flood Zone _____Yes _____No

Type of project:

___ New site building ___ New modular ___ Commercial
___ New doublewide home ___ Used doublewide home ___ Shed
___ New singlewide home ___ Used singlewide home ___ Other
___ Addition ___ Porch
___ Structural alteration ___ Deck over 30” above ground
___ Demolition ___ Deck under 30”
___ Garage ___ Swimming Pool/hot tub

Size of building_____ Number of Rooms_____ Floors_____

# of buildings on lot_____ Foundation material _____ Footing_____

Exterior walls_____ Sewage system_____

Estimated cost: _____ Est start date_____ Est finish _____

Plot plan: outline the shape of the building lot, show dimensions. Outline building to be constructed, designate any other building on the same plot; show dimensions; show setbacks of front, rear and side yards. If construction is not started within six (6) months the permit will be null and void. If the construction is started within six (6) months but not completed within one (1) year the permit will be null and void. Delmar township code officer will conduct inspections and if not completed at the time of 1 year, the cost of any additional inspections shall be paid by applicant. Please draw your plan on the back of this permit.

_____Applicant’s Signature