	Zoning Permit Application	TTANK COMPT
	<b>Carroll Township</b> 555 Chestnut Grove Road, Dillsburg, PA 17019 Ph: 717-432-4951 Fax: 717-502-8807	CARROLL TOWNSHIP
Zoning Permit #	Building Permit #	
Property Location:		
Su	bdivision:	Lot #:
Name of Owner:		Phone:
Address of Owner:		
Name of Applicant:		Phone:
Address of Applicant:		
Name of Contractor:		Phone:
Address of Contractor:		
The Applicant is applying fo	prapermit to:	
	e - Explain:	
	ure - Explain:	
	e - Explain:	
	plain:	
	Explain:	
Estimated Cost:	Zoning District:	
(Must include p By signing this application, the ap completed in accordance with th the responsibility of locating all p	ite plan MUST be submitted showing proposed work operty lines, known easements, setbacks and amount of proposed plicant certifies that all information (including setback dimensions) e "Approved" site plan and any additional requirements of the Tow roperty lines, setback lines, easements, right-of-way, floodplains, et	impervious coverage) is correct and the work will be nship. The owner/applicant assume tc. Issuance of permit and appoval of
	s authority to violate, cancel, or set aside any provisions of the Code oplicant certifies that they understand the applicable Codes, Ordina	-
Signature of Applicant:	Date:	
Signature of Owner:	Date:	
	Township use Only	
Permit Fee: <u>\$50.00</u> F	eceived By:	Date: