



Township of Salisbury

Lehigh County, PA
2900 South Pike Avenue
Allentown, PA 18103

Phone: 610-797-4000
Fax: 610-797-5516

ZONING APPLICATION

NOTICE
This permit is void within one year of date of issuing if work has not commenced.

Zoning Permit No.: _____
Date Received: _____
Date Issued: _____
Fee: _____

A. LOCATION, OWNERSHIP AND PRESENT USE OF PROPERTY:

1. Street & Number: _____ Zoning District: _____
2. Property Owner: _____ Phone: _____
3. Owner's Address: _____ Parcel No.: _____
4. Name of Business: _____ Space or Suite Number: _____
5. Present Use of Land: Residential Commercial Undeveloped
6. Type of Structure: Stand-Alone Bldg. Multi-Unit Residential Bldg. Multi-Use Commercial Bldg.
7. No. of Dwelling Units: _____ Multi-Family / Number of Units: _____ Single-Family Residential
8. Number of Structures & Buildings on Lot: _____ Describe: _____
9. Estimated Cost of Project: \$ _____

B. PROPOSED TYPE / USE OF STRUCTURE AND / OR LAND:

- | | | | |
|--------------|--|--|---|
| Type: | <input type="checkbox"/> New Structure | <input type="checkbox"/> Conditional Use | <input type="checkbox"/> Sign |
| | <input type="checkbox"/> Addition | <input type="checkbox"/> Minor Subdivision | <input type="checkbox"/> Agriculture |
| | <input type="checkbox"/> Change of Use | <input type="checkbox"/> Major Subdivision | <input type="checkbox"/> Alterations |
| | <input type="checkbox"/> Accessory Use | <input type="checkbox"/> Land Development | <input type="checkbox"/> Medical Offices |
| Use: | <input type="checkbox"/> Retail | <input type="checkbox"/> Auto Sales | <input type="checkbox"/> Cell Tower |
| | <input type="checkbox"/> Food Service | <input type="checkbox"/> Auto Repair | <input type="checkbox"/> School |
| | <input type="checkbox"/> Warehouse Storage | <input type="checkbox"/> Place of Worship | <input type="checkbox"/> Home Occupation |
| | <input type="checkbox"/> Hospital | <input type="checkbox"/> Office | <input type="checkbox"/> Other – See Proposed Use of Land |
| | <input type="checkbox"/> Business | <input type="checkbox"/> Industrial | In Detail |

C. DESCRIPTION OF WORK:

Property Address: _____

Date: _____

D. FLOODPLAIN:

- 1. Is the site located within an identified flood hazard area? Yes No
- 2. If Yes, will any portion of the flood hazard area be developed? Yes No
- 3. Are there any stormwater easements or buffer areas adjoining the property? Yes No
- 4. To determine if your site is located within a flood hazard area visit:
<https://msc.fema.gov/portal/>
- 5. Lots located within a flood hazard area must provide a Certificate of Flood Elevation.

E. PERMIT REQUIREMENTS:

Grading Permit: Required for areas of 2,000 Sq. Ft. or more of Impervious Surface, and for areas of 5,000 Sq. Ft. or more of Earth Disturbance.

F. CHANGE OF USE:

- 1. Name of Previous Business: _____
- 2. Previous Use or Type of Business: _____
- 3. Name of Proposed Business: _____
- 4. Total Sq. Ft. Floor Space: _____ No. of Parking Spaces: _____ ADA Accessible Spaces: _____
- 5. Were there any previous Appeals to the Zoning Hearing Board? If so, provide specifics and date of the Appeal:

G. It is understood and agreed upon by this Applicant that any misstatement or misrepresentation of material fact, either with or without intention on the part of this Applicant, such as might or would operate to cause a refusal of this application, or any change in the location, size or use of structure or land made subsequent to the issuance of this permit without approval of the Zoning Office, shall constitute sufficient ground for the revocation of this permit.

I understand that the Township does not enforce Deed Restrictions and that I am responsible to adhere to Deed Restrictions.

H. APPLICANT:

- 1. Applicant Name: _____ Phone: _____
- 2. Applicant Address: _____
- 3. E-Mail Address: _____
- 4. Owner / Lessee / Authorized Agent for Owner of Subject Property: _____
- 5. Print Name: _____ Date: _____

Property Address: _____

Date: _____

THIS SECTION APPLIES TO NEW CONSTRUCTION ONLY

1. REQUIRED PLOT PLAN INFORMATION:

- a. North Arrow
- b. Lot Dimensions, Size & Parking Area
- c. Water Bodies & Wetlands
- d. Well & Septic Location (if applicable)
- e. Proposed Structures including Signs
- f. Roads, Right-of-Ways, Driveways including adjoining streets of corner lots
- g. Setback distances from existing and proposed structures to lot lines, water bodies, wetlands, steep slopes, pools, private sewers, wells, and road (both roads on corner lots)

2. WETLAND:

An area inundated or saturated by surface or groundwater at a frequency and duration sufficient to support, and under normal circumstances, do support vegetation typically adapted for life in saturated soil conditions. Wetlands generally include swamps, marshes, bogs and similar areas.

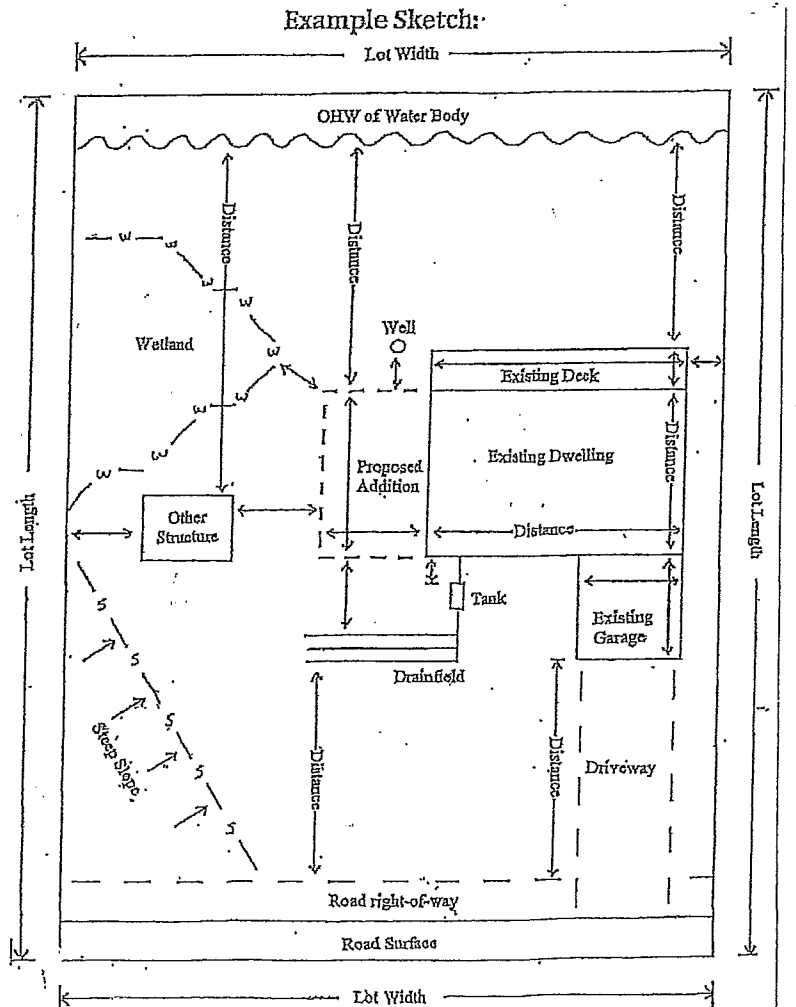
- a. All existing and proposed impervious hard surfaced structures such as decks, driveways, patios, walkways, retaining walls and any other structure, including dimensions. List each below.
- b. A description of each adjoining property; i.e., single-family homes, park, shopping center.

3. NOTE: A Sketch Plan of the site depicting the Zoning, Front, Back and Side Yard Dimensions of all buildings existing is a required part of the permit application. See attached Sketch Plan or you may submit your own Sketch Plan.

MUST BE COMPLETED - MISSING INFORMATION WILL RESULT IN PERMIT DENIAL

SETBACK DISTANCE FROM LOT LINE TO PROPOSED STRUCTURE:

Front: _____	Rear: _____
Side: _____	Side: _____
Proposed Height Above Grade: _____	
Public Water: Yes ___ No ___ N/A ___	
Public Sewer: Yes ___ No ___ N/A ___	
Private Sewer: Yes ___ No ___ N/A ___	
Well Water: Yes ___ No ___ N/A ___	
Flag Lot: Yes ___ No ___	
Property in a Floodplain? Yes ___ No ___	
Will proposed work disturb 5,000 sq. ft. or more of earth? Yes ___ No ___	
Will proposed work create 2,000 sq. ft. or more of impervious coverage? Yes ___ No ___	



Property Address: _____

Date: _____

IMPERVIOUS SURFACE CALCULATION WORKSHEET

THIS WORKSHEET DOES NOT APPLY TO MY PROJECT INITIAL: _____

1. This Worksheet **IS** required for new construction, movement, placement or extension of a structure.
2. This Worksheet **IS NOT** required for repairs and maintenance of existing structures.

A. IMPERVIOUS SURFACE: Any area covered by roofs, concrete, asphalt or other man-made cover that creates runoff. MAXIMUM PERMITTED PERCENTAGE CALCULATION: Lot Size Sq. Ft. x District % = Maximum Sq. Ft. of Impervious Coverage:

Lot Size	_____	sq. ft.
House (including attached garage)	_____	sq. ft.
Detached Garage	_____	sq. ft.
Driveway (concrete, pavement, pavers or stone)	_____	sq. ft.
Walkway	_____	sq. ft.
Shed(s)	_____	sq. ft.
Patio (pavers or concrete)	_____	sq. ft.
Deck (covered by roof)	_____	sq. ft.
Inground Pool Decking (concrete or paver)	_____	sq. ft.
Other	_____	sq. ft.
Total (existing)	_____	sq. ft.
Proposed Construction	_____	sq. ft.
Total with Proposed Construction	_____	sq. ft.
Total Percentage	_____	%
Maximum Permitted Percentage	_____	%

B. MAXIMUM PERMITTED IMPERVIOUS COVERAGE BY DISTRICT:

R1 = 50% / R2 = 50% / R3 = 50% (except 80% for nursing home or hospital) / R4&R5 = 60%
CR = 15% / C1 = 65% (with exceptions) / C2 = 85% / C3 = 85% (except 80% if the lot is more than three acres) / I = 80%

BUILDING COVERAGE CALCULATION WORKSHEET

C. BUILDING COVERAGE: Footprint area of all buildings on a lot including deck and porches covered by a permanent roof. MAXIMUM PERMITTED PERCENTAGE CALCULATION: Lot Size Sq. Ft. x District % = Maximum Sq. Ft. of Building Coverage:

Lot Size	_____	sq. ft.
House (including attached garage)	_____	sq. ft.
Detached Garage	_____	sq. ft.
Shed(s)	_____	sq. ft.
Deck or Patio (covered by roof)	_____	sq. ft.
Total (existing)	_____	sq. ft.
Proposed Construction	_____	sq. ft.
Total with Proposed Construction	_____	sq. ft.
Total Percentage	_____	%
Maximum Permitted Percentage	_____	%

D. MAXIMUM PERMITTED IMPERVIOUS COVERAGE BY DISTRICT:

R1 = 20% / R2 = 25% / R3 = 30% / R4&R5 = 35% / CR = 10% / C1 = 30% / C2 = 45% / C3 = 35% / I = 50%

Property Address: _____

Date: _____

SKETCH PLAN

NOTE: A LEGIBLE SKETCH PLAN IS REQUIRED.

The Township requires the applicant to provide a Plot Plan depicting the existing structures, proposed work, and set back distances to property lines. Applications that do not include this information will be considered incomplete.



Property Address: _____

Date: _____

OFFICE USE ONLY

1. APPLICATION APPROVED: Yes No Date: _____

Zoning Officer: _____

2. COMMENTS: _____

3. APPEAL TO ZONING HEARING BOARD: Yes No

Appeal No.: _____

Date of Appeal: _____

Date of Hearing: _____

Variance Yes No
Special Exception Yes No
Conditional Use Yes No

Appeal Enforcement Notice Yes No
Appeal Interpretation of Ordinance Yes No

4. BOARDS' DECISION: GRANTED DENIED Date: _____

Additional Comments: _____

