

**PLAINS TOWNSHIP  
ONE TO ONE PERMIT APPLICATION**

**Questions or Additional Information: Call Zoning Officer 570-829-3439 ext 4141**

ZONING PERMIT NUMBER: \_\_\_\_\_

RESIDENTIAL FEE: \$50.00

THIS FORM MAY BE UTILIZED WHEN THE FOLLOWING CONDITIONS ARE MET:

323.2 Any structural portion of a building, such as a deck, patio, porch or similar feature which is need of repair to the point of replacement shall be exempt from complying with the applicable setback requirements when all of the following conditions exist:

- A. The use of the building represents a use permitted by right in the district in which it is located.
- B. There are no outstanding zoning or building code violations against the owner of the property.
- C. The structural replacement shall be the exact same location and structural replacement shall be the same size and height, or less, than that which is being replaced.
- D. A photograph of the subject property, taken prior to the start of work, must be submitted to the Zoning Officer with a completed zoning permit application, along with any other information deemed necessary by the Zoning Officer to process the application.

APPLICATION IS MADE TO: (Check One)

\_\_\_\_\_ A. REPLACE A PORCH, DECK, PATIO OR SIMILAR FEATURE WITH IDENTICAL FEATURE OF THE EXACT SIZE & HEIGHT (OR SMALLER) IN THE SAME LOCATION; OR

\_\_\_\_\_ B. ENCLOSE A PORTION OF A STRUCTURE WHICH IS CURRENTLY UNDER ROOF.

A PHOTOGRAPH OF THE AFFECTED DECK/PORCH AS IT EXISTS PRIOR TO REPLACEMENT OR ENCLOSURE MUST ACCOMPANY APPLICATION.

1. ADDRESS/LOCATION OF PROPERTY:

\_\_\_\_\_  
\_\_\_\_\_

2. ZONING DISTRICT IN WHICH THE PROPERTY IS LOCATED: \_\_\_\_\_  
(If uncertain leave blank or contact the Zoning Officer)

3. APPLICANT'S NAME, ADDRESS and PHONE NUMBER:

---

---

---

4. OWNER'S NAME, ADDRESS and PHONE NUMBER (if not applicant)

---

---

---

5. SIZE & HEIGHT OF ORIGINAL \_\_\_\_\_

SIZE & HEIGHT OF REPLACEMENT \_\_\_\_\_

DATE OF ATTACHED PHOTOGRAPH \_\_\_\_\_

## ATTACH PHOTOGRAPH HERE

---

7. I HEREBY CERTIFY THAT THE INFORMATION PROVIDED UPON THIS FORM IS TRUE AND CORRECT AND ACKNOWLEDGE THAT APPROVAL OF THIS FORM DOES NOT RELIEVE THE PROPERTY OWNER FROM SECURING A BUILDING PERMIT FOR THE ABOVE REFERENCED PROJECT.

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date

APPROVED

DENIED

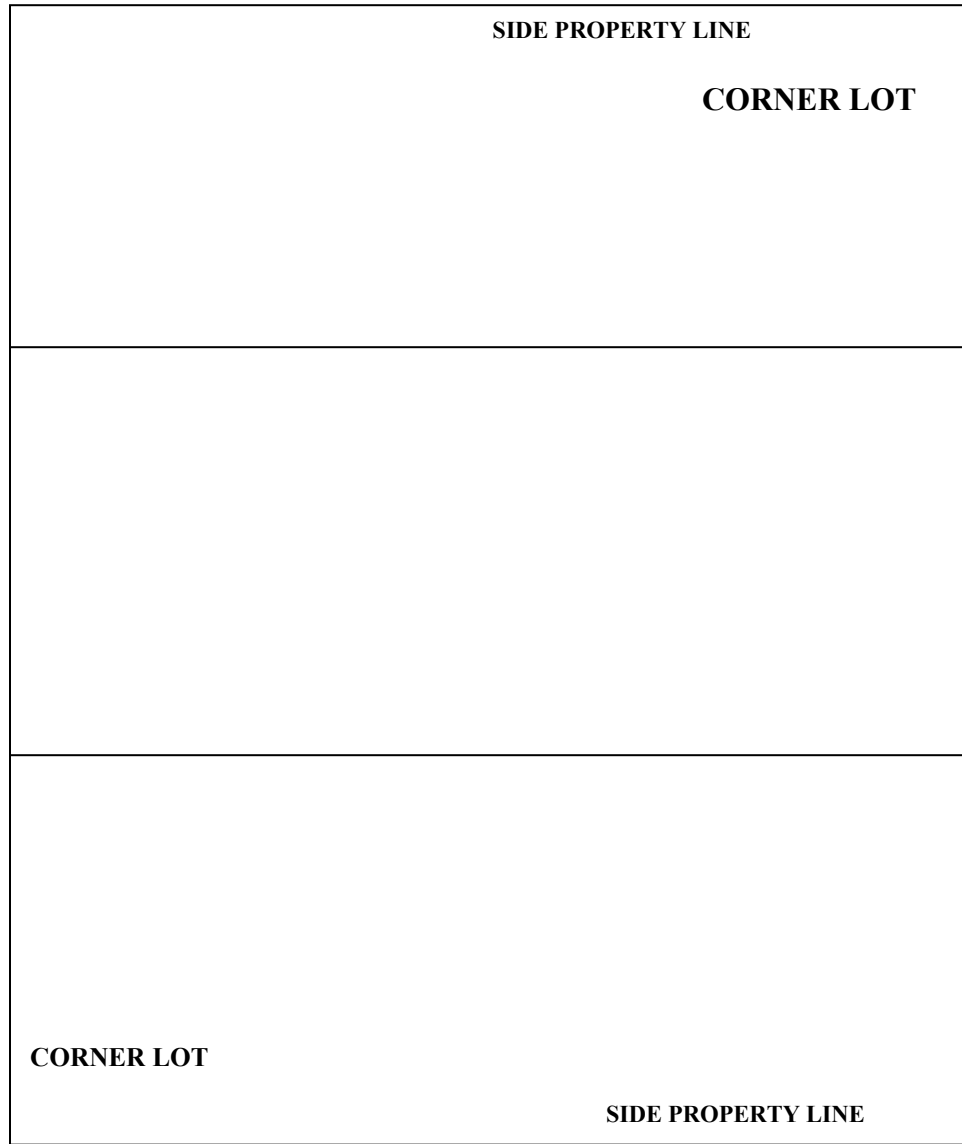
\_\_\_\_\_  
Zoning Officer

\_\_\_\_\_  
Date

**Structure / fence will be built & located in accordance with the dimensions shown on the sketch below. Plains Twp. its agents/employees are NOT responsible for any dimensions/property line locations in this sketch. Stated location of property lines is responsibility of owner &/or agent. The undersigned affirms that the structure associated with this permit will be located entirely within the boundaries of the owner's property**

**Signature** \_\_\_\_\_

STREET/ ALLEY ON SIDE OF PROPERTY



S  
T  
R  
E  
E  
T  
  
F  
R  
O  
N  
T  
I  
N  
G  
  
P  
R  
O  
P  
E  
R  
T  
Y

R  
E  
A  
R  
  
P  
R  
O  
P  
E  
R  
T  
Y  
  
S  
T  
R  
E  
E  
T  
  
O  
R  
  
A  
L  
L  
E  
Y  
  
?

Show following Distances: 1. Front of structure to front property line; 2. Rear of structure to rear property line ; 3. Side of structure to side property line; 4. Distance between new structure & existing structures and property lines. Include names of streets & alleys adjoining property.

Feet to front yard property line \_\_\_\_\_ Feet to side yard property line \_\_\_\_\_ Maximum Height \_\_\_\_\_ Feet to rear yard property line \_\_\_\_\_ Feet to side yard property line

**IF APPLICATION IS DENIED, ALL INFORMATION BELOW IS TO BE COMPLETED BY THE PLAINS TOWNSHIP ZONING OFFICER.**

- A. IF THE PERMIT IS DENIED, THE ZONING OFFICER SHALL NOTE THE APPLICABLE SECTIONS/BASIS OF DENIAL BELOW:

---

---

- B. A COPY OF THE ZONING OFFICER'S OFFICIAL LETTER OF DENIAL SHALL BE ATTACHED TO THIS PERMIT.

- C. HAS THE APPLICANT/OWNER REQUESTED AN APPEAL OF THE ZONING OFFICER'S DECISION TO THE ZONING HEARING BOARD?

YES       NO       UNDECIDED/PENDING

- D. IF APPLICABLE, DATE OF WRITTEN REQUEST OF APPEAL: \_\_\_\_\_

ATTACH COPY OF APPLICANT/OWNER'S WRITTEN REQUEST FOR AN APPEAL TO THE ZONING HEARING BOARD OR A COMPLETED APPLICATION FOR THE APPEAL TO THE ZONING HEARING BOARD.

- E. IF APPLICABLE, DATE OF SCHEDULED ZONING HEARING BOARD MEETING: \_\_\_\_\_