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BOROUGH OF FAIRFIELD
108 West Main St., POB 263
Fairfield, PA 17320

PERMIT # _____

Plot Plan must accompany application.

APPLICATION FOR ZONING PERMIT- New Construction & Additions

Applicant Name _____ Phone # _____
Property Owner (if different) _____ Email or Alt Phone # _____
Mailing Address _____
Project location (if different from mailing) _____ **Zoning district** _____

Project description (for fences use addendum) _____

Adams County Parcel # 1 1 0 0 - - - 0 0 0
The lot is _____ feet wide by _____ feet long. The front yard is _____ feet deep. The rear yard is _____ feet deep.
Proposed construction is: _____ feet wide - _____ feet deep - _____ feet high

Construction information:
Foundation materials: _____ Exterior wall materials: _____
Interior wall materials: _____ Roofing materials: _____
Type of heating system: _____ Central AC (yes or no) _____
Number of rooms: _____ # of baths: _____ # of fireplaces: _____
Water source (municipal or well) _____

Permits: Water permit # _____ Sewer permit #: _____ Driveway permit #: _____

Estimated cost of construction (including interior finishes): _____

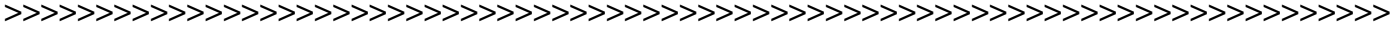
Estimated start date: _____ Estimated completion date: _____

Other details (as necessary) If improvement is a mobile home, indicate size, serial #, make and year.

PLEASE READ THE FOLLOWING AND ACKNOWLEDGE BY SIGNING BELOW

The applicant certifies that the information contained herein is TRUE & CORRECT. Applicant hereby agrees to notify the Fairfield Borough zoning officer as soon as a construction foundation or any addition to an existing building is laid out or staked out PRIOR TO any building excavation or construction work begins AND acknowledges that the builder must contact the Borough’s appointed inspection agency for state-required permits. AUTHORIZATION IS HEREBY GIVEN for the Borough’s appointed agency of Code or Zoning Officer to enter the property for the purpose of any inspection.

Date of application: _____ Applicant(s) signature _____



The following section is for use by the Zoning Officer only:
Check here _____ when Conservation District Checklist has been signed and is on file.

Fees _____ \$ _____	Permit effective date _____
_____ \$ _____	Permit expiration date _____
_____ \$ _____	Date sent to county _____
TOTAL \$ _____	Fees Received by _____

Permit approved: Date _____

Permit denied: Date _____ Reason(s) for denial _____

Zoning officer signature _____
Jamie Harbaugh, Land & Sea Services, LLC

Date(s) of inspection(s) 1st _____ 2nd _____ Date of final approval _____

