

FOWL PERMIT APPLICATION
CITY OF BRADFORD
24 KENNEDY STREET-BRADFORD, PA 16701
(814) 362-3884, x 126

TO THE HEALTH DIRECTOR: I hereby apply for a Fowl Permit pursuant to the zoning code of the City of Bradford to construct or alter a building or accessory structure as set forth. This application may be used in conjunction with any variance applications.

Regarding Address: _____ **Date:** _____

Owner: _____ **Applicant:** _____

Address: _____ **Address:** _____

Phone: _____ **Cell:** _____ **Phone:** _____ **Cell:** _____

Please answer the questions below as they apply to the above regarding address: If you are applying for a change of use, please complete questions #1 and #6 and continue to page 2. New construction requires full completion of this application.

1. What is the existing principal building and its type of occupancy: (please check one)

_____ single family dwelling _____ double family dwelling _____ multi-family dwelling, how many units? _____
_____ other — Business, please describe:

2. Lot size: Width) _____ Depth) _____ Area) _____ per Sq. Ft.

3. Please list all EXISTING buildings located on the proposed property/address, etc. Ex: Pool, shed, free-standing garage, house w/attached garage, etc., and their dimensions:

(1)	(2)	(3)	(4)
_____	_____	_____	_____
(principal building)	(describe)	(describe)	(describe)
W) _____ L) _____ H) _____	W) _____ L) _____ H) _____	W) _____ L) _____ H) _____	W) _____ L) _____ H) _____

4. Are you applying for a NEW STRUCTURE or an ADDITION? (Please circle one)

5. Proposal's Dimensions: W) _____ L) _____ H) _____ Stories _____ Total Sq. Ft. _____
(W=Width, L=length, H=Height)

6. New Accessory Structure (Chicken Coop): _____

7. Indicate the minimum distance from the new construction to the property lines in all directions in accordance with the required site or plot plan (page 3). IF you are applying for an addition, please use the initial "A" where the proposed construction is attached.

Right side: _____ ft. Left side: _____ ft. to the property line.
Front side: _____ ft. Rear side: _____ ft. to the property line.

8. If new construction is an accessory building (garage, storage shed, etc.), indicate minimum distance to dwelling _____ ft.

COMMENTS: _____

YOU MUST INCLUDE A SITE PLAN WITH THIS PERMIT
APPLICATION

The attached plot plan on page 3 shall be completed in full, showing the distance of all construction from the property lines and other structures. All building and property measurements SHALL be included unless otherwise approved by the Health Director. Be informed that it is the owner/applicant's responsibility to locate all property lines.

I BELIEVE THAT THE STATEMENTS HEREIN CONTAINED ARE TRUE TO THE BEST OF MY KNOWLEDGE.

Owner: _____
(Print) (Signature) (Date)

Applicant: _____
(Print) (Signature) (Date)

- ❖ Please be informed that this office does not have the authorization to permit the proposed work should this application be denied or refused. The Zoning Hearing Board has the authority to grant permission to vary from what the Zoning Ordinance permits. Please be informed that:
- ❖ Should this application be denied due to a violation regarding setbacks of the indicated district zone or due to total square footage restrictions, you may file for an Area Variance. Application is made through this office and forwarded to the Zoning Board or Appeals. Please inquire for further information and/or procedures.
- ❖ If this application should be denied due to a discrepancy against the proposed use in the indicated district zone, you may file for a Use by Special Exception Permit or a Use Variance, whichever applies. Please inquire for further information and/or procedures.

HEALTH DEPT ACTION

The application of _____ Rec'd date of: _____ for the construction site of _____ ZONED: _____ is hereby APPROVED/DENIED for Health Dept. purposes only and permission GRANTED / REFUSED for the construction, remodeling or alteration of a building and/or accessory structure as set forth above. This is not a building permit. When required, a building permit shall be separately applied for through the Permitting Office.

Reason for denial _____

_____ in violation of # _____

Health Director: _____ Date: _____

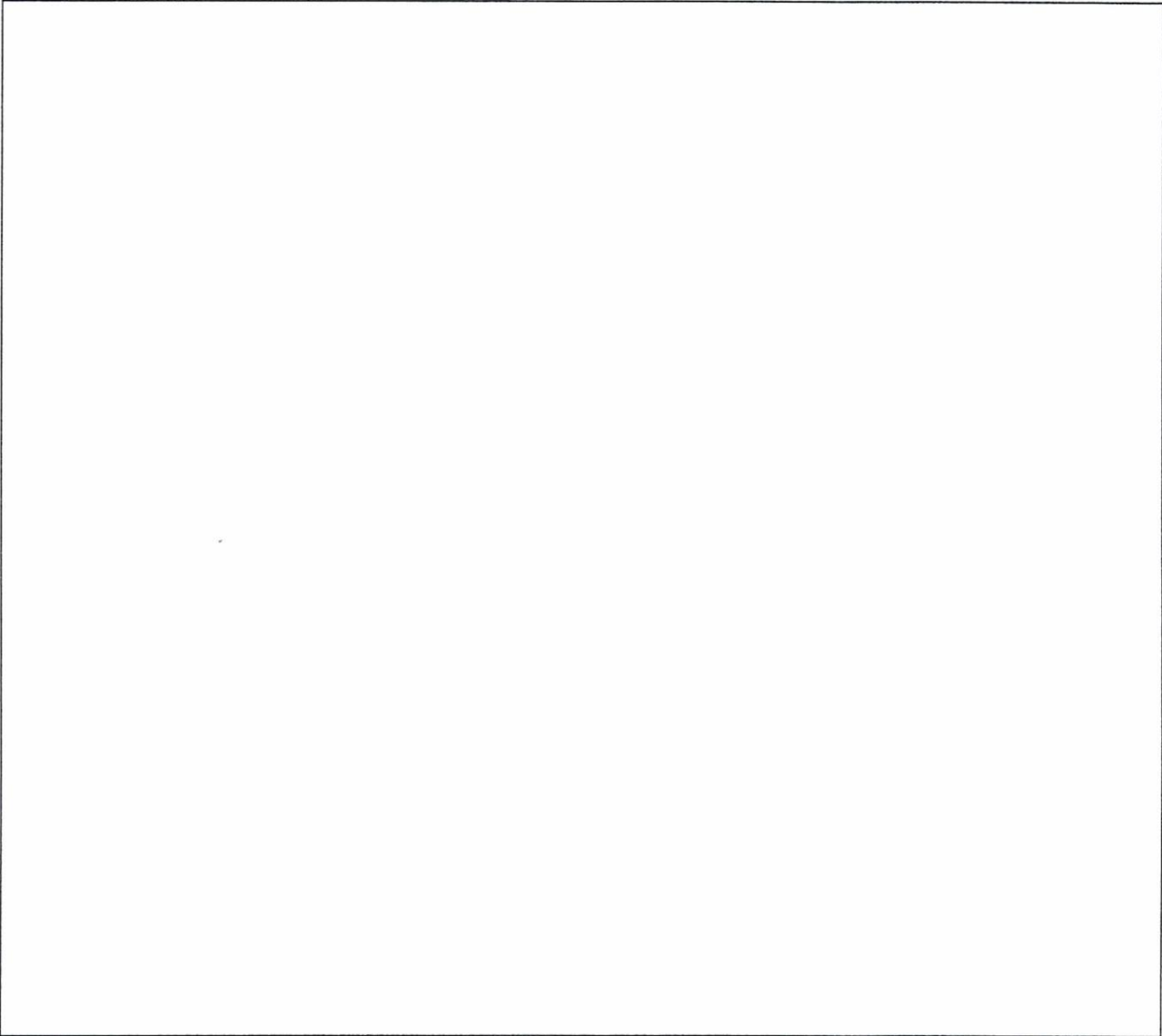
Comments/suggested options: If denied due to Zoning issues you can apply fill out a Zoning Permit. You may also have to apply for a: Variance USE or AREA, USE BY SPECIAL EXCEPTION Permit.

COMMENTS: _____

PLOT PLAN

The bold lines (below) indicate the property boundary lines. All existing structures (i.e., buildings, gazebos, etc.) shall be drawn in SOLID LINES, and all proposed construction shall be drawn in DASHED LINES (include their dimensions and measurements from all structures to all property lines). Also, indicate where the front of the property is located, right, left, and the direction of north. Drawing is to be drawn as though you are looking down onto the property.

NOTE: The front property line is to be measured from the inside of the sidewalk (closest to the property, not the street). If there is NO sidewalk, contact us so we may help you.



Proposed construction address:_____

Please indicate (N. S. E. & W.)