**HUNTINGTON TOWNSHIP**

**P.O. BOX 247, YORK SPRINGS, PA. 17372**

**PHONE; 717-528-4027 EMAIL: gus@huntingtontwp.net**

**ZONING PERMIT**

**PERMIT NO. DATE:**

**ISSUED TO: PHONE:**

**ADRESS:**

**PROPERTY ADDRESS:**

**PARCEL NO:**

**TO BUILD:**

**CONTRACTOR**

**COST OF CONSTRUCTION:**

**Your application for a Zoning Permit has been approved. Your proposed use(s) of the above property meets the requirements of the Huntington Township Zoning Ordinance, Section 27-\_\_\_\_ as a Permitted Use in the \_\_\_\_ District.**

**OR**

 **IF this proposed use is permitted by a CONDITIONAL USE EARING by the BOARD OF SUPERVISORS or a VARIANCE granted by THE ZONING HEARING BOARD, a copy of the DECISION is attached to this permit.**

**FEE: $50.00**

**APPROVED BY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **GUS FRIDENVALDS, ZONING OFFICER**

**PERMIT ACCEPTED BY:**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **SIGNATURE**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **PRINT NAME**

**TWO COPIES**

**REVISED: 12/19/2024**