



Office Use Only	
Date:	_____
Rcd By:	_____
Fee Rcd:	_____
Check #:	_____

ZONING PERMIT APPLICATION

PROPERTY OWNER: _____ PHONE: _____

ADDRESS: _____ EMAIL: _____

SITE LOCATION: _____

TAX PARCEL ID(s): _____ ZONING DISTRICT:

- A-1 R-1 R-2 R-3 FP C-1 C-2 M-1 M-2

CURRENT USE OF PROPERTY:

___ Residential ___ Single Family ___ Duplex ___ Multi-Family
 ___ Commercial / Industrial - Please specify _____
 ___ Other: _____

PROPOSED USE OF PROPERTY: _____

(Attach copy of proposed site plan)

SETBACKS PROVIDED: Front (___)ft Rear (___)ft Left (___)ft Right (___)ft
 MAXIMUM HEIGHT OF STRUCTURE PROPOSED : (___)ft

PLEASE CHECK ONE:

___ PERMITTED USE ___ CONDITIONAL USE
 ___ SPECIAL EXCEPTION ___ OTHER (*describe*): _____

ARE ANY VARIANCES REQUIRED/REQUESTED: ___ NO ___ YES (*please attach approvals*)

PLAN APPROVALS (as applicable): Planning Commission Date: _____
 Board of Supervisors Date: _____

I hereby make application for a zoning permit only for the location and the work described herein and certify to the accuracy of that information. I further certify I am the property owner, or a duly authorized representative on behalf of the owner(s) of said property, and I have read and understand all of the conditions of this permit and will construct the project in compliance with those conditions and all applicable Borough Ordinances and requirements.

DATE: _____ SIGNATURE OF APPLICANT: _____

FOR OFFICE USE ONLY	
Complete Application Date Received: _____	Permit #: _____
Total Fee Paid: \$ _____	Plan Approved: _____
Approved/Denied (reason): _____	
Zoning Officer Signature: _____	