

APPLICATION FOR ZONING PERMIT

Date Application Received _____

Location of Property _____

Lot & Block or Parcel Number _____

Applicant Name: _____

Owner Name: _____

Address _____

City _____ State _____ ZIP _____

Phone: (_____) _____

Zoning	Approved	Denied	(For Municipal Use Only)
By: _____		Date: _____	Permit Fee _____
Reason for Denial _____			

Proposed Use of Bldg/Structure _____

Description of Construction _____

Total sq. ft. of Construction _____ Estimated Cost of Construction _____

Architect/Engineer Name: _____

Address _____

City _____ State _____ ZIP _____

Phone: (_____) _____

Builder Name: _____

DBA: _____

Address _____

City _____ State _____ ZIP _____

Phone: (_____) _____

The above information is true and correct. I hereby agree that all applicable provisions of the borough codes shall be complied with, as well as the requirements of the Municipal Sewer and Water Authority whether specified or not.

APPLICANT/AGENT SIGNATURE

PRINT NAME

DATE