



ZONING PERMIT APPLICATION

1069 MUNICIPAL ROAD, WALNUTPORT, PA 18088
PHONE (610) 767-6771 FAX (610) 767-1452

TAX MAP: _____

DATE: _____

PROJECT ADDRESS: _____

APPLICANT NAME: _____ **PHONE:** _____

APPLICANT ADDRESS: _____ **FAX:** _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____ **EMAIL:** _____

APPLICANT SIGNATURE: _____

Signature grants permission for Township staff to access property to check setbacks.

Home Improvement Consumer Protection Act

Effective July 1, 2009, contractors must register with the Office Of Attorney General. To verify contractor registration, contact the Attorney General's office directly at 1-888-520-6680 or www.attorneygeneral.gov

CONTRACTOR NAME: _____ **PHONE:** _____

BUSINESS ADDRESS: _____ **FAX:** _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____ **EMAIL:** _____

PROPERTY OWNER: _____ **PHONE:** _____

OWNER ADDRESS: _____ **FAX:** _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____ **EMAIL:** _____

APPLICATION FOR:		LOT INFORMATION:	GENERAL INFORMATION:
Check all that apply:		Lot Area: _____ SETBACKS: Front Yard Setback: _____ Rear Yard Setback: _____ Right Yard Setback: _____ Left Yard Setback: _____	Check all that apply: <input type="checkbox"/> Public Water <input type="checkbox"/> Public Sewer <input type="checkbox"/> Private Well <input type="checkbox"/> On-Lot Septic <input type="checkbox"/> Corner Lot <input type="checkbox"/> Interior Lot <input type="checkbox"/> In Flood Plain - Y or N If yes, signed & sealed info by licensed professional required.
<input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> HVAC <input type="checkbox"/> Change of Use <input type="checkbox"/> Change of Occupancy	<input type="checkbox"/> New Building <input type="checkbox"/> Addition to Building <input type="checkbox"/> Accessory Structure <input type="checkbox"/> Exterior Alteration <input type="checkbox"/> Interior Alteration <input type="checkbox"/> Razing / Demolition <input type="checkbox"/> New Commercial Tenant		

NOTE: A site drawing shall be provided with the zoning application. **Please see second page for requirements

DESCRIPTION OF WORK:

COST OF PROPOSED WORK:

FOR OFFICE USE ONLY:	Approved By: _____	APPROVAL DATE: _____	DENIAL DATE: _____
Comments:			

FEES:

Township Fee \$ _____

3rd Party Fee \$ _____

(Less Any Deposits)

Township Deposit (-) _____

3rd Party Deposit (-) _____

BALANCE DUE:

Township _____

Ins. Co. _____ 3rd Party _____

ZONING DISTRICT:

<input type="checkbox"/> Agriculture/Rural Res.	<input type="checkbox"/> Neighborhood Comm.	<input type="checkbox"/> RESIDENTIAL USE
<input type="checkbox"/> Blue Mountain Conv.	<input type="checkbox"/> Office/Business	<input type="checkbox"/> COMMERCIAL USE
<input type="checkbox"/> General Commercial	<input type="checkbox"/> Resort Commercial	
<input type="checkbox"/> Industrial	<input type="checkbox"/> Village Residential	

CHECK # _____ **CASH**

ZONING PERMIT NUMBER: _____

BUILDING PERMIT NUMBER: _____

***A \$25.00 non refundable deposit, to Lehigh Township, is required with the submission of this application.