



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"/> 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		<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

NOTE: A site drawing shall be provided with the zoning application. **Please see Site Plan Guidelines 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 _____

Inspection Co. _____ 3rd Party _____

CHECK # _____ CASH

ZONING DISTRICT:

- | | | |
|-------------------------------------------------|----------------------------------------------|------------------------------------------|
| <input type="checkbox"/> Agriculture/Rural Res. | <input type="checkbox"/> Neighborhood Comm. | <input type="checkbox"/> RESIDENTIAL USE |
| <input type="checkbox"/> Blue Mountain Conserv. | <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 | |

ZONING PERMIT NUMBER:

BUILDING PERMIT NUMBER:

***A \$25.00 non-refundable deposit, to Lehigh Township, is required with the submission of this application. Permit fees are non-refundable after the permit is issued by the Township.