



UPPER SAUCON TOWNSHIP

Zoning Permit
No. _____
Issued _____
\$25 Fee Paid _____

ZONING PERMIT APPLICATION

APPLICATION DATE: _____

APPLICANT INFORMATION

Name: _____

Address: _____

Telephone No.: _____ Cell/Fax: _____

Applicant's Signature: _____

PROPERTY INFORMATION

Tax Identification No.: _____

Property Owner (if different than applicant): _____

Owner Address: _____

PROPOSED USE

- Shed
 Deck (less than 30" in height)
 Garage/Carport
 Other _____

Description of Proposed Work (Size, etc.): _____

NOTE: PLEASE BE SURE TO ATTACH A SITE PLAN SKETCH AND WHATEVER OTHER SUPPORTING DOCUMENTS ARE NECESSARY TO DESCRIBE PROJECT AND ENABLE DETERMINATION OF ZONING COMPLIANCE.

APPLICANT IS RESPONSIBLE FOR ACCURACY OF INFORMATION PROVIDED AND FOR COMPLIANCE WITH ZONING ORDINANCE REQUIREMENTS.

(Township Use Only)

Zoning District: _____

Proposed Use: _____

SETBACKS

FRONT Required: _____ Proposed: _____

SIDE (EACH) _____

REAR _____

Comments: _____

Zoning Officer Signature: _____