



UPPER SAUCON TOWNSHIP

Zoning Permit No. _____

Issued _____

\$25 Fee Paid _____

ZONING PERMIT APPLICATION

APPLICATION INFORMATION

APPLICANT DATE: _____

Name: _____

Address: _____

Telephone/Cell No : _____ Email: _____

Applicant's Signature: _____

PROPERTY INFORMATION: Lehigh County PIN: _____

Property Owner (if different than applicant): _____

Owner Address: _____

PROPOSED USE : Description of proposed use (size, etc.) _____

- Tree Removal* Fence/Wall Patio (no footers needed)
- Shed/Garage Deck (less than 30" in height) Building Permit
- Sign Tenant Change (non-residential)

***All applications for Tree Removal must have a Supplemental Tree Cutting Form attached.**

Will the proposed work pose any potential impacts on natural or cultural features on the site as described in Article 5 (i.e. wetlands, steep slopes, floodplains, historic structures etc...)? Yes No

If yes, attach a statement describing potential impacts

PLEASE BE SURE TO ATTACH A PLOT PLAN DEPICTING THE EXISTING STRUCTURES, PROPOSED WORK AND DISTANCES TO PROPERTY LINES IF APPLICABLE.

(Township Use Only)

Zoning District: _____ Proposed Use: _____

SETBACKS	REQUIRED	PROPOSED
FRONT	_____	_____
SIDE (EACH)	_____	_____
REAR	_____	_____

Notes:

Zoning Officer Signature: _____ Date: _____