

Building Permit # _____

(Date Stamp)

ZONING PERMIT APPLICATION

LOCATION OF PROPOSED WORK OR IMPROVEMENT:

Property Address: _____ Tax PIN _____

Lot # _____ Subdivision/Land Development: _____

Applicant: _____ Phone # _____ Cell # _____

Mailing Address: _____ Email _____

Property Owner (if different than applicant): _____

Owner Address: _____

PROPOSED USE:

Describe proposed use, including size and any other information necessary to determine compliance with the Zoning Ordinance:

Will work proposed necessitate tree removal? (Check One) YES NO

ALL APPLICATIONS FOR WHICH TREE REMOVAL IS REQUIRED MUST INCLUDE A TREE REMOVAL PERMIT

ON THE REVERSE SIDE OF THIS FORM OR ON A SEPARATE ATTACHMENT, PROVIDE A PLOT PLAN DEPICTING THE EXISTING STRUCTURES, PROPOSED WORK, AND DISTANCES TO PROPERTY LINES. APPLICATIONS THAT DO NOT INCLUDE THIS INFORMATION WILL BE CONSIDERED INCOMPLETE.

To the best of my knowledge and belief, all information on this application is true, correct, and complete and with the understanding that any false statement is subject to the penalties of 18 Pa. C.S.A. Section 4904, relating to "Unsworn Falsification to Authorities".

Applicant's Signature _____ Date _____

Print Name _____

******By signing this application, the property owner does hereby authorize the Upper Saucon Township Zoning Officer or other Township officials to enter the property if necessary to confirm compliance with the Zoning Ordinance******

TOWNSHIP USE ONLY

Proposed Use: _____

Zoning District: _____

SETBACKS REQUIRED: PROPOSED:

Front: _____ _____

Side (Each): _____ _____

Rear: _____ _____

Notes:

Zoning Permit # _____ Date Issued: _____

ZONING OFFICER: _____ Fee \$: _____