

ZONING PERMIT APPLICATION

ELDRED TOWNSHIP

P.O. BOX 600, Kunkletown Road

Kunkletown, PA 18058

Phone: 610-381-4252 Fax: 610-381-4257

Property Location (Subdivision, Lot #):

Street address _____
PIN # (from tax bill) _____ Zoning district _____

Project Description:

Anticipated Start Date: _____ Anticipated Completion Date: _____
Estimated cost (Copy of Sales Agreement Required): \$ _____
Building Area _____ Lot Area _____
Sewage Disposal Method _____
Water Supply _____
Street Access _____
Signage _____

Property Owner Information:

Name _____
Address _____
Telephone No.: _____ Fax No.: _____
Cell phone No.: _____

Applicant Information:

Name _____
Address _____
Telephone No.: _____ Fax No.: _____
Cell phone No.: _____

Contractor Information:

Name _____
Address _____
Telephone No.: _____ Fax No.: _____
Cell phone No.: _____

SUBMISSION CHECKLIST:

- _____Application
- _____Application Fee: \$60.00
- _____B.C.O. Review Fee:
- _____Agricultural buildings over 1,000 square feet: Fee: \$60.00 + .20 per sq. ft.
- _____Proof of Liability Insurance of Contractor
- _____Sewage Disposal Approval or Application if required
- _____Highway Occupancy Permit or Application if required
- _____Monroe County Conservation District Approval if required
- _____Three copies of the Site Plan
- _____Other:_____

I hereby authorize the Township staff to perform inspections relating to this application as may be required between the hours of 8:00 a.m. and 8:00 p.m. The applicant understands and agrees to comply with the standards of the Eldred Township Zoning Ordinance, as amended. The applicant further understands that the Township has ninety (90) days to act upon a complete duly filed application is submitted from the date of receipt. All information supporting this application shall become part of the records of Eldred Township, cannot be returned, and may be examined by the public at any time during the normal business hours of the Eldred Township offices.

Applicant's signature:_____ Date:_____
 (Permit will be sent to the applicant)

Property Owner:_____ Date:_____
 (if different than applicant)

Circle one: Call when permit is ready Mail completed permit

 To be completed by Eldred Township

Permit No.: _____
 Submission Date: _____ Date of Action: _____
 Zoning Fee: _____ Action Taken: Granted Denied

Remarks: _____

PERMIT OFFICER USE:

SETBACKS AT THIS LOCATION: FRONT _____ REAR _____ SIDE _____ COMBINED _____
 APPLICATION APPROVAL DATE _____ APPROVED BY _____

 ZONING OFFICER SIGNATURE