ZONING/ UCC PERMIT APPLICATION

EAST ALLEN TOWNSHIP 5344 NOR BATH BOULEVARD NORTHAMPTON, PA 18067 Phone: 610-262-7961 Email: mail2@eatwp.org

TWP PERMIT #

ISSUE DATE:

	//	PLEASE PRINT LEGIBLY	AND FILL OUT FORM COMPLETELY						
PROPERTY INFORMATIO	ON								
ST NUMBER:	STREET:	SUITE/APT:	ZONING DIST:						
TAX MAP <u>#:</u>			SQ. FT.:						
BUSINESS NAME:		SUBDIVISION:	LOT SIZE:						
PRESENT USE OF STRUCTUR	RE/BUILDING, DESCRIBE:								
APPLICANT INFORMATIO									
NAME:		CELL:							
ADDRESS:			IL:						
		ZIP:							
SIGNATURE:									
			as shown on the plot plan submitted herewith y with all provisions of the Zoning Ordinance,						
Building Code, with all deed restric	ctions and with all other applicable Ord	linances of East Allen Township. C	wners of the property pertaining to and stated						
inspection for compliance with Tow		by grant permission to Township C	Officials to enter said property for purposes of						
OWNER INFORMATION	·	CHECK HERE I	F SAME AS APPLICANT						
	PHONE:	CEL	L:						
ADDRESS:	FAX:	EMA	L:						
CITY:	STATE:	Ζ	P:						
SIGNATURE: **			**REQUIRED ON ALL APPLICATIONS						
		CHECK HERE IF SAME AS APPLICANT							
CONTRACTOR INFORMA	ATION		F SAME AS APPLICANT						
CONTRACTOR INFORMA NAME: ADDRESS:			<u> </u>						
NAME:	PHONE: FAX:	CELL EMA ZIP: PA HOME	:: L: E IMPROVEMENT						
NAME:	PHONE: FAX:	CELL EMA ZIP: PA HOME	:						
NAME: ADDRESS: CITY: SIGNATURE:	PHONE: FAX: STATE:	CELL EMA ZIP:PA HOMI CONTRA	:: L: E IMPROVEMENT						
NAME: ADDRESS: CITY: SIGNATURE:	PHONE: FAX:	CELL EMA ZIP:PA HOMI CONTRA	:: L: E IMPROVEMENT						
NAME:ADDRESS: CITY: SIGNATURE: DETAILED DESCRIPTION O	PHONE: FAX: STATE: F PROJECT:	CELL EMA ZIP:PA HOMI CONTRA	:: L: E IMPROVEMENT						
NAME:ADDRESS: CITY: SIGNATURE: DETAILED DESCRIPTION O	PHONE: FAX: STATE: F PROJECT: ND MATERIALS: \$	CELL EMA ZIP:PA HOME CONTRA	L: E IMPROVEMENT CTOR REG #						
NAME:ADDRESS: CITY: SIGNATURE: DETAILED DESCRIPTION O COST INCLUDING LABOR A INT. FLOOR SPACE	PHONE: FAX: STATE: F PROJECT: ND MATERIALS: \$ SQ.FT. # OF BEDROC	CELL EMA ZIP:PA HOME CONTRA CONTRA	::						
NAME:ADDRESS: CITY: SIGNATURE: DETAILED DESCRIPTION O COST INCLUDING LABOR A INT. FLOOR SPACE TOTAL SQ. FT. OF NEW CON	PHONE: FAX:	CELL EMA ZIP:PA HOME <u>CONTRA</u> OMS# OF STORIE T, GARAGE, PORCH/DECK, ALL	::						
NAME:ADDRESS: CITY:SIGNATURE: DETAILED DESCRIPTION O COST INCLUDING LABOR A INT. FLOOR SPACE TOTAL SQ. FT. OF NEW CON APPLIC	PHONE: FAX: STATE: F PROJECT: ND MATERIALS: \$ SQ.FT. # OF BEDROC	CELL EMA ZIP:PA HOME <u>CONTRA</u> OMS# OF STORIE T, GARAGE, PORCH/DECK, ALL	::						

				OUSINFORMATI	ON			
Please check if Public Utilities have been disconnected before Demolition: ^o Electric ^o Water ^o Gas ^o TV Cable ^o Phone								
Will blasting be required? • YES • NO If yes, provide certified blaster & State Blasting Permit #								
o IN FLOOD PLAIN o PUBLIC WATER		C SEWER				-	ACHED GARAGE	
o PRIVATE WELL	o INDUS	STRIALIZED		o ATTACHED GARAGE				
o WOOD	CONSTRUCTIONTYPE:				HEATING FUEL: o GAS			
o MASONRY		o STRUCTURAL o REINFORCED C						
0				o ELE	CTRICITY	ТҮ		
Must fill out all information in boxes below								
SIZE OF IMPROVEM	IENT		CE FROM LC					
LENGTH		FRONT:			LEFT SIDE:			
		REAR:			SIDE:			
			SWIMMING	POOLDETAILS				
Type of Pool: O In ground o Above Ground (Including inflatables)								
o FENCE - Type	HEIGHT				IT			
o LADDER	LINEAR	FEET		o GATE HEIGHTWIDTHWIDTH			VIDTH	
POOL SIZE	FT. X		_FT. OR D	IAMETER		_FT. =	SQ.FT.	
			OFFIC	E USE ON	LY			
DEPARTMENT	APPROVED BY	DENIAL N/A	DATE	PERM	IT FEES:		MISC.	
	r			ZONING	\$.		CONTR. LICENSE	
	_			BUILDING	\$.		WORKER'S COMP	
				FEE FEE PER SQ F			CASH	
HANOVER ENG.				DEPOSIT BI	\$.		CHECK #	
				TOTAL DUE	\$.		CREDIT	
DATE FEES PAID:								

PERMIT ISSUED BY:	DATE:	
PERMIT DENIED BY:_	DATE:	
DENIAL REASON:		

NOTE: PAYMENT OF FEE DOES NOT GUARENTEE APPROVAL <u>FEES ARE NON-REFUNDABLE</u>

To:East Allen Township Property OwnersFrom:Zoning OfficerSubject:Plot Plans

§ 250-72. (((-802.))) Permits and Certificates

A. Zoning Permit.

(3) Application.

(b) All applications for a Zoning Permit shall include a plot plan drawn to scale showing the location and dimensions of the lot area and of the proposed uses of buildings and/or land the Zoning Officer or the Zoning Hearing Board may require an additional information which he deems necessary to properly evaluate the application for the purpose of determining its conformity with this ordinance.

The strict interpretation of the ordinance requires **all plot plans** to be drawn to scale. However, the Zoning Office **may** accept plans not drawn to scale **ONLY** if they contain enough dimensional information to accurately evaluate all of the zoning requirements.

For a parcel of land, each zoning district has its own permitted building and impervious surface coverage percentages. Each district also has required setbacks from lot lines and right of ways.

Applications without all the necessary and correct information provided on the form (and supportive documents) will be considered incomplete, and the submission will be denied.

IMPORTANT INFORMATION!

Applications must be filled out completely. On Page 2, the information showing the "Size of Improvement" and "Distance from Lot Lines" MUST BE filled out on the form itself. Plot plans must also show all required information.

It is necessary that all calculations for building coverage and impervious coverage are complete and accurate before you submit your application. The square footage of all impervious coverage MUST appear written on the plot plan. Distance from ALL lot lines must appear on the plot plan.

PERMIT APPLICATION FEES ARE NON-REFUNDABLE