



**Founded 1702**  
**Incorporated 1869**

**Tel: 215-699-4424**  
**Fax: 215-699-3991**

## ZONING PERMIT APPLICATION

Address of Work: \_\_\_\_\_

Owner: \_\_\_\_\_ Phone No: \_\_\_\_\_

Contractor: \_\_\_\_\_ Phone No: \_\_\_\_\_

Job Cost: \_\_\_\_\_ PA State Reg. No: \_\_\_\_\_  
(Contractor must provide proof of insurance)

Description of Work: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**NOTE:** A plot plan identifying the property boundaries, home/structures, existing impervious surfaces, proposed impervious surfaces and any other pertinent features must be submitted with the application. Approximate dimensions must be included.

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Date Received: \_\_\_\_\_

Fee: \_\_\_\_\_

Date Issued: \_\_\_\_\_

Code Official: \_\_\_\_\_

Permit #: \_\_\_\_\_