

APPLICATION FOR ZONING PERMIT

BOROUGH OF NORTH CATASAUQUA
1066 Fourth Street
North Catasauqua, PA 18032

The undersigned applies for a Zoning Permit for the following use, said permit to be issued on the basis of the information contained with this application. The applicant hereby certifies that all information and attachments to this application are true and correct. This applicant is required, in addition to the information requested on this form, to submit plans drawn to scale, showing the actual dimensions and shape of the lot, exact sizes and locations of existing buildings on the lot, and the location and the dimensions of the proposed buildings and alterations.

1. Location Description (address where the work will be done)

2. Name of Owner _____

Mailing Address _____

Home Phone # _____ Work Phone # _____

E-Mail _____

Name of Tenant or Applicant _____

Mailing Address _____

Home Phone # _____ Work Phone # _____

E-Mail _____

3. Existing Use _____

4. Property Presently Zoned As _____

5. Lot Width _____ Lot Depth _____ Lot Area _____

6. Type of Project _____

7. Project Dimension _____

NOTE: This permit is only valid for one (1) year from the approval date.
THE APPROVED PERMIT MUST BE POSTED IN A VISIBLE AREA AT THE WORK SITE

Signature _____ Date _____

Approved by _____ Date _____

Official Use Only

Amount Paid: \$ _____

Check #/Cash: _____

Date: _____

Draw a sketch of the proposed changes.

*If applying for a business license, provide a detailed description of operation and hours of business.