24 Analomink Street
East Stroudsburg, PA 18301
Phone: 570.421.8300 / **Fax**: 570.421.5575
Web: www.eaststroudsburgboro.org

Zoning Permit Application Fee
Residential: - $75.00
Non-Residential: - $230.00
Sign(s): - $100.00
Payment Method: _____

ZONING PERMIT APPLICATION

Application is hereby made for a permit in conformity with the requirements of Chapter 157 of the Code of the Borough of East Stroudsburg, including amendments. A Building Permit may also be required.

ZONING PERMIT APPLICATION, APPLICATION FEE, AND ASSOCIATED REQUIRED DOCUMENTS ARE DUE AT TIME OF SUBMITTAL

IMPORTANT - APPLICANT MUST COMPLETE ALL APPLICABLE ITEMS ON THIS APPLICATION

I. IDENTIFICATION & PROPERTY INFORMATION

Property Address:	Property Unit/Appt#:
Tax Map #	Zoning District:
Applicant Name:	Email:
Applicant Address:	Phone:
Owner Name:	Email
Owner Mailing Address:	Phone:
Contractor Name:	Email:
Contractor Mailing Address:	Phone:

II. TYPE OF PERMIT REQUESTED AND DESCRIPTION OF PROJECT

Residential ☐ Commercial ☐ Mixed Use ☐

TYPE OF PROJECT				**PROJECT SIZE AND COST**
☐ New Construction	☐ Change of Use/Occupancy			Length:
☐ Addition	☐ Temporary Structure/Occupancy			Width:
☐ Site Alterations	☐ Accessory Structure(s)			Height:
☐ Sign (s)	☐ Other (specify)			Cost of project:

DESCRIPTION OF WORK: (*For Change of Use: enter the previous use and the new use. For Change of Occupancy: enter the new Business Name. For all other types of projects, briefly describe your project).*

III. CHARACTERISTICS

Setbacks:	Front:	Rear:	Side (L)	Side (R)	Setback from Water Course:
Slope:	< 15% ☐	15% - 30% ☐	>30% ☐		
Ground Coverage:	%	Will Wetlands be Disturbed?	Yes ☐	No ☐	
Earth Disturbance:	Sq Ft	Land Development Needed:	Yes ☐	No ☐	

DIMENSIONS		**SEWAGE DISPOSAL**	**WATER SUPPLY**	**PARKING SPACES**
1. STORIES:	3. BEDROOMS:	1. PUBLIC	1. PUBLIC	1. ENCLOSED:
2. SQ FT:	4. BATHROOMS:	2. PRIVATE	2. PRIVATE	2. OUTDOORS:

IV. CERTIFICATION

I hereby certify that the information provided is true and correct, and that the proposed work is authorized by the property owner and shall comply with all applicable ordinances and regulations of this jurisdiction. I hereby authorize representatives of the Borough to enter upon the above-mentioned property for inspection purposes. I acknowledge that if I, or the Applicant/Authorized Agent, proceed with work related to the proposed project/use within thirty (30) days after the issuance of a permit, it is done so at my own risk. Aggrieved parties have thirty (30) days to file an appeal from the granting of any permit by the Zoning Officer, Zoning Hearing Board, Codes Appeal Board, and Borough Council. I acknowledge that Certificate of Occupancy is required before any property/project is occupied or used within the Borough of East Stroudsburg.

Applicant Signature:	Date:	Owner Signature:	Date:
Applicant Name:		Owner's Name:	

FOR OFFICE USE ONLY

Application Fee:		Payment received on:					Application#:
Payment Method:	Check#:		Cash:	CC:	Online:		Application Date:
Zoning Permit Fee:							Approved Date:
Building Codes Required:	YES	NO					Approved By:
Building Codes Submitted:	YES	NO	MCCD Notified:	YES	NO		Notes: