

# COPLAY BOROUGH

98 South 4th Street

Coplay, PA 18037

Office: 610-262-6088 Fax: 610-262-4591

## **ZONING PERMIT APPLICATION FORM**

This form must be completed and neatly printed or typed

**Deed Owners Name** \_\_\_\_\_

Address of Property \_\_\_\_\_

Phone # \_\_\_\_\_ Email \_\_\_\_\_

Lot Size \_\_\_\_\_ Project Cost \_\_\_\_\_

**Contractor Info** \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ Email \_\_\_\_\_

Please circle what you are applying for:

**Shed**

(under 200 square foot)

**Fence**

**Sign**

**Flagpole**

**Deck**

(under 30" in height)

Description of work: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Shed**: location, dimensions, material and dimensions. **Fence**: location, material, length and height. **Signage**: location, illumination, material and dimensions. **Flagpole**: location, material, height, illumination. **Deck**: location, material, dimensions.

**Use other side of form for drawing of location**

I, the owner/contractor of the property located at \_\_\_\_\_ do, hereby, acknowledge that it is my sole responsibility to be certain as to the exact location of my property lines, as well as any easements or rights-of-way encumbering same as shown on my deed. By submitting this permit application, I am certifying that all proposed construction will be in accordance to all required setbacks, based on my verifying the property location.

Property Owner/ Contractor Signature

Date

SITE / PLOT PLAN: please include ALL structures on the property including: house, garage, shed, pool, patio, fences, etc. and show where the proposed work will be. Distance from property lines and other structures also necessary. Indicate streets located near property as well.

Zoning Officer Signature: \_\_\_\_\_ Date: \_\_\_\_\_