

NOTICE: This permit is void if building Operations are not started within 6 months and completed within 1 year of date of issuance.

ZONING APPLICATION
BUSHKILL TOWNSHIP
ZONING OFFICE
1114 BUSHKILL CENTER ROAD
NAZARETH, PA 18064
(610) 759-7197

PERMIT NO. _____
TAX MAP _____
BLOCK _____
LOT _____

Application is hereby made for a permit to erect or alter a structure which shall be located as shown on diagram on reverse side of this sheet and/or to use the premises for the purposes described herewith. The information which follows, together with location diagram, is made part of this application by the undersigned. It is understood and agreed by this applicant that any error, misstatement or misrepresentation of material fact, either with or without intention on the part of this applicant, such as might or would operate to cause a refusal of this application, or any change in the location, size or use of structure or land made subsequent to the issuance of this permit, without approval of the Zoning Office, shall constitute sufficient ground for the revocation of this permit.

A. LOCATION: _____ ZONING DISTRICT: _____

SUBDIVISION: _____ Lot No. _____

B. PROPERTY OWNER: Check if speculative construction
NAME: _____ PHONE NO. _____

PRESENT ADDRESS: _____

E-MAIL: _____

C. CONTRACTOR:
NAME: _____ ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ PHONE NO. _____

E-MAIL: _____

D. THIS APPLICATION IS FOR:

E. PROPOSED USE IS:

<input type="checkbox"/> New Building	<input type="checkbox"/> Patio/Deck	<input type="checkbox"/> Residential	<input type="checkbox"/> Industrial
<input type="checkbox"/> Accessory Building	<input type="checkbox"/> Sign/Fence	<input type="checkbox"/> Commercial	<input type="checkbox"/> Professional
<input type="checkbox"/> Addition to Building	<input type="checkbox"/> Swimming Pool	<input type="checkbox"/> Government	<input type="checkbox"/> Educational
<input type="checkbox"/> Change of Use	<input type="checkbox"/> Demo	<input type="checkbox"/> Home Occupation	<input type="checkbox"/> Agricultural
<input type="checkbox"/> Conversion of Building	<input type="checkbox"/> Other _____		
<input type="checkbox"/> Int/Ext Alterations			

F. SIZE OF STRUCTURE
LENGTH _____ WIDTH _____ Measured - average grade to peak
HEIGHT _____

G. CONSTRUCTION COST	SQUARE FOOTAGE:	AMOUNT OWED:
BUILDING _____	BASEMENT _____	APPLICATION FEE _____
ELECTRICAL _____	1 ST FLOOR _____	PERMIT FEE _____
PLUMBING _____	2 ND FLOOR _____	ENGINEER FEE _____
HVAC _____	OTHER _____	RECREATION FEE _____
TOTAL _____	TOTAL _____	DRIVEWAY _____
		TOTAL FEE _____

H. APPLICANT STATEMENT: The owner hereby agrees to comply with all Ordinances of Bushkill Township and with all Rules and Regulations of all Departments thereof which are applicable hereto and to perform no work that is not specifically covered by this application. The information set forth herein is true and correct. Owner hereby grants approval to the zoning officer to enter this property until construction is complete.

OWNER'S SIGNATURE _____ DATE _____

APPLICANT'S SIGNATURE _____ DATE _____

NOTE: A TOWNSHIP ISSUED OCCUPANCY PERMIT WILL BE REQUIRED UPON COMPLETION OF NEW HOMES, NEW USE OR CHANGE OF USE.

NOTICE: ALL NEW OR CHANGE OF CONSTRUCTION TO COMMERCIAL, INDUSTRIAL, PUBLIC ASSEMBLY OR APARTMENT USE MUST COMPLY WITH THE STATE LAW AND SECURE A SEPARATE PERMIT FROM THE STATE DEPT. OF LABOR AND INDUSTRY, BUILDING DIVISION, HARRISBURG, PA.

The following dimensions shall be shown:

1. Distance from property line to front of structure.
2. Distances from side property lines to nearest portions of structure thereto.
3. Distance from rear property line to rear of structure.
4. Street names adjoining property.
5. Distance from stream within 100 feet of the property to the structure.

NOTE: The Zoning Office is NOT responsible for any property dimensions shown on this sketch: establishment of property lines is the responsibility of the owner and/or his agent.

I will have the structure built and located in accordance with the dimensions shown on the sketch above.

Owner signature: _____ Date _____

Applicant signature: _____ Date _____