

# Paupack Township

## ZONING ENFORCEMENT OFFICE

### ZONING PERMIT APPLICATION

PROPERTY OWNER / LOCATION	PROJECT INFORMATION
<i>OWNER NAME:</i> _____	<i>TYPE OF STRUCTURE:</i> _____
<i>LOCATION:</i> _____	<i>TYPE IMPROVEMENT:</i> _____
<i>OWNER ADDRESS:</i> _____	<i>LOT SIZE:</i> ACRES:                      FT. WIDE:                      FT. DEEP:
<i>CITY:</i> _____	<i>Structure Size:</i> FT. WIDE:                      FT. DEEP:                      FT. HIGH:
<i>STATE / ZIP:</i> _____	<i>SETBACKS (FT):</i> FRONT:                      REAR:                      LEFT:                      RIGHT:
<i>PHONE:</i> _____	<i>ESTIMATED COST OF CONSTRUCTION:</i> _____
<i>TAX MAP NUMBER:</i> _____	<i>Current Number of Bedrooms:</i> <i>Proposed Bedrooms after work:</i> _____

CONTRACTOR INFORMATION	
<i>COMPANY</i>	<i>CONTACT PERSON</i>
<i>ADDRESS</i>	<i>PHONE</i>
<i>CITY</i>	<i>FAX</i>
<i>STATE / ZIP</i>	

<i>SEWER PERMIT NUMBER</i>		<i>ON LOT SYSTEM</i>	<i>CENTRAL SEWER SYSTEM</i>
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ADDITIONAL INFORMATION

ALONG WITH THE APPLICATION, A PLOT PLAN FOR THE PROJECT MUST BE SUBMITTED. (PLOT PLAN SHOULD BE DRAWN TO SCALE AND SHOW ALL EXISTING BUILDINGS WITH DIMENSIONS AS WELL AS SET BACK DISTANCES FROM PROPERTY LINE SHOWN.)

RESIDENTIAL: 2 COPIES OF CONSTRUCTION PLANS SHOWING FOUNDATION, BUILDING, ELECTRICAL, PLUMBING DETAILS.

COMMERCIAL: 3 COPIES OF CONSTRUCTION PLANS SHOWING FOUNDATION, BUILDING, ELECTRICAL, PLUMBING DETAILS AND MUST BE STAMPED AND SIGNED BY AN ARCHITECT OR ENGINEER OF PENNSYLVANIA.

1 COPY OF THE SEWER PERMIT

1 COPY OF THE CONTRACTORS "WORKERS COMPENSATION" INSURANCE (NOT CONTRACTORS' LIABILITY).

WHEN ALL OF THE PROJECT REQUIREMENTS ARE SUBMITTED, NEIC WILL PERFORM A PLAN REVIEW. IF THEY ARE APPROVED, 1 SET OF RESIDENTIAL PLANS OR 2 SETS OF COMMERCIAL PLANS ARE RETURNED, AND A PERMIT WILL BE ISSUED.

I CERTIFY I AM THE OWNER OR RECORD OR AM AUTHORIZED TO SUBMIT THIS APPLICATION BY THE OWNER OF RECORD

Date: \_\_\_\_\_ DATE REVIEWED: \_\_\_\_\_ STATUS: \_\_\_\_\_

APPLICANT SIGNATURE: \_\_\_\_\_ ZONING OFFICIAL SIGNATURE: \_\_\_\_\_

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