

Permit #: PZC _____

Issue Date: _____

Expiration Date: _____

ZONING COMPLIANCE PERMIT APPLICATION



Applicant to **complete** Sections I through VI.

Faxed or incomplete applications or applications completed in pencil will not be accepted.

I. PROJECT INFORMATION

Street Address:	Parcel Number: 74-20-
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II. HOMEOWNER, CONTRACTOR AND APPLICANT INFORMATION

OWNER <input type="checkbox"/> (Please check <u>only</u> if applicant)				
Name:		Address:		
City:	State:	Zip Code:	Phone Number(s):	Email or Fax Number:
CONTRACTOR <input type="checkbox"/> (Please check <u>only</u> if applicant)				
Name:		Address:		
City:	State:	Zip Code:	Phone Number(s):	Email or Fax Number:
License #:	Expiration Date:	MESC Employer ID #	Federal ID # or reason for exemption:	

III. TYPE OF IMPROVEMENT

1. <input type="checkbox"/> Accessory Structure (under 200 sq. ft.)	2. <input type="checkbox"/> Fence, Wall, Barrier	3. <input type="checkbox"/> Patio, Porch, Deck (under 200 sq. ft.)	
4. <input type="checkbox"/> Swimming Pool (temporary)	5. <input type="checkbox"/> Pond	6. <input type="checkbox"/> Other (description): _____	
Material(s): _____	Height: _____	Square / Total Feet: _____	Value: \$ _____
Description/Style of improvement: _____			
2. Fences: Decorative side faces out: Yes <input type="checkbox"/> No <input type="checkbox"/> Fence is located along property line: Yes <input type="checkbox"/> No <input type="checkbox"/>			

IV. SETBACKS / REQUIREMENTS (SHADED AREAS TO BE COMPLETED BY ZONING ADMINISTRATOR)

Front Setback from Property Line	FT	FT	Rear Setback from Property Line	FT	FT
Left Setback from Property Line	FT	FT	Right Setback from Property Line	FT	FT
Setback From Any Other Structure	FT	FT	Setback From Any Other Structure	FT	FT

V. APPLICANT SIGNATURE

I hereby acknowledge that I have read this application and state that the information given is correct. All work shall comply with all Township Ordinances and State Laws regulating construction and shall not be enclosed, covered or put into operation or use until it has been inspected and approved by the Building Official. I will cooperate with the Building Department and assume the responsibility to arrange all necessary and required inspections.

Signature of Contractor or Homeowner designated as Applicant above

Date

FEE DESCRIPTIONS	FEE TOTALS
Zoning Compliance Permit Fee	\$ 25.00
Other	\$
TOTAL DUE UPON ISSUANCE	\$

PAYMENT VALIDATION

