

BOROUGH OF COOPERSBURG

5 N. Main St. Coopersburg, PA 18036
Phone: 610-282-3307 Fax: 610-282-4668

ZONING PERMIT

PLEASE PRINT LEGIBLY AND FILL OUT FORM COMPLETELY

PROPERTY OWNER NAME: _____ PHONE: () _____
PROPERTY ADDRESS: _____ CELL: () _____
CITY: _____ STATE: _____ ZIP: _____ EMAIL: _____

CURRENT BUSINESS NAME: _____
ZONING DISTRICT: _____

APPLICANT NAME: _____ PHONE: () _____
APPLICANT ADDRESS: _____ CELL: () _____
CITY: _____ STATE: _____ ZIP: _____ EMAIL: _____

CONTRACTOR NAME: _____ PHONE: () _____
CONTRACTOR PA REGISTRATION #: _____ CELL: () _____
CONTRACTOR ADDRESS: _____ FAX: () _____
CITY: _____ STATE: _____ ZIP: _____ EMAIL: _____

PROPOSED PROJECT INFORMATION

TYPE OF PROJECT: <input type="checkbox"/> New Building <input type="checkbox"/> Accessory Structure <input type="checkbox"/> Addition Type of Accessory Use _____ <input type="checkbox"/> Deck <input type="checkbox"/> Signage <input type="checkbox"/> Swimming Pool <input type="checkbox"/> Other	PROJECT LOCATION ON PROPERTY: <input type="checkbox"/> Front Yard <input type="checkbox"/> Side Yard <input type="checkbox"/> Rear Yard <input type="checkbox"/> Parking Spaces Provided _____
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DESCRIPTION OF PROPOSED WORK: _____
ATTACHED SITE/PLOT PLAN MUST BE COMPLETED BY APPLICANT

OFFICE USE ONLY

PERMIT #: _____ DATE ISSUED: _____ PERMIT FEE: \$ _____ APPROVED BY: _____ TITLE: _____ DATE: _____	Will proposed project require a building permit? <input type="checkbox"/> Yes <input type="checkbox"/> No Is this use permitted in this district? <input type="checkbox"/> Yes <input type="checkbox"/> No Zoning District Area Regulations Lot Area _____ Width _____ Bldg. Area _____ Impervious Surface _____ Front Yard _____ Side Yard _____ Rear Yard _____ Parking Spaces Required _____ Is a variance required for this project/use? <input type="checkbox"/> Yes <input type="checkbox"/> No Have previous variances been granted? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when? _____ For what? _____
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PAYMENT

CASH CHECK IN MAIL