

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:	PROJECT LOCATION ON PROPERTY:
<input type="checkbox"/> New Building <input type="checkbox"/> Accessory Structure	<input type="checkbox"/> Front Yard
<input type="checkbox"/> Addition Type of Accessory Use _____	<input type="checkbox"/> Side Yard
<input type="checkbox"/> Deck <input type="checkbox"/> Signage	<input type="checkbox"/> Rear Yard
<input type="checkbox"/> Swimming Pool <input type="checkbox"/> Other	<input type="checkbox"/> Parking Spaces Provided _____

DESCRIPTION OF PROPOSED WORK: _____
ATTACHED SITE/PLOT PLAN MUST BE COMPLETED BY APPLICANT

OFFICE USE ONLY

PERMIT #: _____	Will proposed project require a building permit? <input type="checkbox"/> Yes <input type="checkbox"/> No
DATE ISSUED: _____	Is this use permitted in this district? <input type="checkbox"/> Yes <input type="checkbox"/> No
PERMIT FEE: \$ _____	Zoning District Area Regulations
APPROVED BY: _____	Lot Area _____ Width _____
TITLE: _____	Bldg. Area _____ Impervious Surface _____
DATE: _____	Front Yard _____ Side Yard _____
	Rear Yard _____ Parking Spaces Required _____

PAYMENT
 CASH CHECK IN MAIL

Is a variance required for this project/use? Yes No
Have previous variances been granted? Yes No
If yes, when? _____
For what? _____