MOUNT POCONO BOROUGH

1361 Pocono Blvd., Suite 100 Mount Pocono, PA 18344 (570) 839-8436 www.mountpocono-pa.gov

APPLICATION FOR ZONING PERMIT

rease print legibly – failure to do so may result in a demai, delay of rejection of this application.		
PROPERTY/SITE INFORMATION:		
Property/Site Address:		
(COMPLETE 911 STREET ADDRESS OR STREET & LOT#)		
PIN: Tax Account: (14 DIGIT PROPERTY IDENTIFICATION NUMBER)		
Zoning District: Zoning District of adjacent property:		
Land Use: Residential Commercial		
Land Ose. Li Residentiai Li commerciai		
LAND/PROPERTY OWNER : □check here if applicant		
Name:		
Mailing Address:		
Phone Number:Email:		
BUILDING/STRUCTURE OWNER: □check here if same as land/property owner □check here if applicant		
Name:		
Mailing Address:		
Phone Number:Email:		
CONTRACTOR INFORMATION: □check here if applicant		
Business Name:Office Phone:		
Business Mailing Address:		
Contact Name:		
Direct/Cell Number:Email:		
T <u>YPE OF PROJECT:</u>		
☐ New Structure ☐ Addition ☐ Alteration ☐ Pool ☐ Deck Replacement ☐ Sign		
☐ Fence/Wall ☐ Use (New/Change)		
DESCRIPTON OF PROJECT:		

Estimated cost of project: \$ *Must be fair market value including materi	als and labor	
Sewage: ☐ Public or community ☐ Private		
Water Supply: ☐ Public or community ☐ Private		
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Does this property contain wetlands?		
Is this property within a federally designated flood plain?		
Is this property within a planned community subject to associat	ion rules & regulations and/or deed	
restrictions? If yes, name of the community:		
For new structures, additions, signs, decks:		
Height: Length: Width:		
Floor area of new construction (sq ft): *based on exterior dimensions, includ	e full basement, porch, deck, attached garage	
establishment of official property lines for required setbacks prior to tapplicable local, state and federal laws governing the execution of this representative shall have the authority to enter the areas in which this enforce the provisions of the codes governing this project. I further cebest of my knowledge and belief. This permit is issued only for the purpose applied for and may not be a Compliance has been granted. Any alteration or change of use required Applicant Name:	the start of construction and agree to conform to all sproject. I certify that the Zoning Official or his swork is being performed at any reasonable hour to entify that this information is true and correct to the occupied for this purpose until a Certificate of es an additional Zoning Permit.	
Applicant Signature:	Date:	
*If applicant is not land owner/building owner/contractor/archi	tect/engineer named above	
Business Name:Off	fice Phone:	
Applicant Mailing Address:		
Direct/Cell Number:Email:		
REQUIRED DOCUMENTS:		
Site plan drawn to scale showing the following:		
FEE CALCULATIONS: *for office use only		
. LE C. LEGER MONS. Tor office due offiny	Total Permit Fees:	
	Less Deposit:	
	Balance due:	