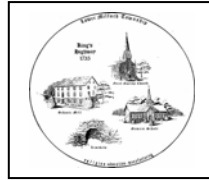


LOWER MILFORD TOWNSHIP

7607 Chestnut Hill Church Road

Coopersburg, PA 18036

Phone (610)967-4949 Fax (610)967-1013



ZONING

PERMIT APPLICATION

A. ZONING PERMIT TYPE

- New/change of use Accessory structure Variance Other
 Earth disturbance- Agricultural Special Exception Fence (excluding agricultural)
(Total Sq. Ft. _____)

Residential _____ Commercial _____ Other _____

Size _____ No. of Stories _____ Use _____

Total bldg coverage of lot _____% Total Impervious coverage of lot _____% (Commercial Only)

Structural Setbacks from Property Line (Ft.): Front _____ Rear _____ Left _____ Right _____

B. IDENTIFICATION

Tax Map or Pin # _____ Lot Size _____ Lot Width _____ Zoning Dist. _____

Project Location (Address) _____

Owner _____ Address _____ Phone _____

Contractor _____ Address _____ Phone _____

C. OTHER PERMITS & PLAN REQUIREMENTS: (PLEASE READ AND CHECK APPROPRIATE BOXES BELOW)

1. PLEASE ATTACH COPIES OF PERMITS FROM ALL OTHER AUTHORITIES HAVING JURISDICTION ASSOCIATED WITH THIS APPLICATION.

LMT HOP PA DOT HOP PA DEPT OF AG PA DEPT OF L&I PA DEP

2. AN EROSION AND SEDIMENT POLLUTION CONTROL PLAN MUST BE DEVELOPED FOR ALL EARTH DISTURBANCE ASSOCIATED WITH THIS ZONING PERMIT SHOWING ALL EXISTING IMPROVEMENTS AND PROPOSED. PLEASE ATTACH A COPY OF THIS PLAN WITH THE SUBMISSION OF THIS APPLICATION. THE LEHIGH COUNTY CONSERVATION DISTRICT (LCCD) MAY BE REQUIRED TO REVIEW THIS PLAN TO DETERMINE ITS ADEQUACY. AN NPDES CO-PERMITTEE LETTER MAY BE REQUIRED FROM THE LCCD PRIOR TO ISSUANCE OF A BUILDING OR ZONING PERMIT.

NOTE: A ZONING PERMIT MAY NOT BE ISSUED UNTIL VERIFICATION OF THESE PERMITS/PLAN REQUIREMENTS ARE PROVIDED TO THE ZONING OFFICE.

D. ESTIMATED COST OF CONSTRUCTION (Materials & Labor) \$ _____

NOTE: Submission of this application grants authorized representatives of Lower Milford Township access to this property at any reasonable time to inspect and verify the proposed use and/or structure contained within this application is in compliance with all Lower Milford Township zoning ordinances.

THE INFORMATION PROVIDED ON THIS APPLICATION BY THE APPLICANT(S)/OWNER IS TRUE AND CORRECT TO THE BEST OF THEIR KNOWLEDGE AND BELIEF.

DATE _____ SIGNATURE OF **OWNER** _____

NOTES:

FOR OFFICE USE ONLY

PERMIT NUMBER _____ APPLICATION NUMBER _____ ZONING APPEAL CASE _____
TOTAL FEES _____ RECEIPT NUMBER _____ CHECK NUMBER _____
APPLICATION REC'D (DATE) _____ BY _____ PERMIT ISSUED (DATE) _____ BY _____