MAXATAWNY TOWNSHIP 127 QUARRY ROAD, SUITE 1 KUTZTOWN, PA 19530

APPLICATION COMPLETE

## **APPLICATION FOR ZONING PERMIT**

PHONE: 610-683-6518

FAX: 610-683-3518

LOCATION OF PROPOSAL		PARCEL #:_		(If address unknown)
PROPOSED USE:	ESTIMATE COST:			
PROPOSED OCCUPANCY:		FLOOD PLA	AIN:YES	NO
NUMBER OF OCCUPANTS: NUMBER	R OF OFF STREET P	ARKING SPACES:		
ERECT OR PLACE A BUILDING OR STRUCTURE OR ADDITIONERECT AN ACCESSORY STRUCTUREERECT AN AGRICULTURAL STRUCTURE	ERECT	A FENCE DR PLACE A SIGN	ESTABL	LISH A USE GE THE USE OF A PROPERTY
<u>NAME</u>	<u>ADDRESS</u>			PHONE
OWNER:				
EMAIL:				
CONTRACTOR:				
ADDUCANT				
APPLICANT:				
EMAIL:				
ALL APPLICATIONS MUST BE SUBMITTED IN ACCORDANCE WITH M BY ME ARE TRUE AND CORRECT. I SHALL COMPLY WITH ALL TOWN  INCOMPLET	NSHIP ZONING ORDINA			ALL STATEMENTS MADE HERE IN
APPLICANT'S SIGNATURE:		DATE:		
ANY AGRIEVED PARTY MAY APPEAL A ZONING PERMIT WITHIN TO RIGHT TO APPEAL FOR ZONING RELIEF. A FINAL INSPECTION IS RE	• •			IS REUSED YOU HAVE THE
<ul> <li>All applications shall be made in writing and shall be accepted.</li> <li>Actual dimensions and shape of the lot to be built upon</li> <li>The number of dwelling units, if any, to be provided, pa</li> <li>New construction, additions, or replacements, the heighted proposed use, hours of operation if applicable, number</li> <li>All other information necessary for such Zoning Officer</li> <li>One (1) copy of the plans to Zoning Officer to approve of the property in plant</li> <li>All construction requires inspection by the Zoning Officer required inspection step.</li> </ul>	or altered, the exact surking spaces provided that of structures, building of employees if applicate determine conformor disapprove. One (1) view for public inspect	ize and locations on the and / or loading facilities ngs, earthmoving or signable, etc.  ance with and provide for copy of plans shall be reion with proper weather	lot of buildings, stru s, statement indicati s. or enforcement of the tained by Zoning Of cover.	nctures, or signs existing.  Ing the existing or proposed use.  Inis Ordinance.  Ifficer for his records.
APPLICATION FEE: CHECK#/	/CASH	DATE:		RECEIVED BY:
SUBMITTED DOCUMENTS PLANS: SIGNED & SEALTED SPECIFICATIONS WORKER'S COMP. INS. CERTIFICATE OF INSURANCE ZONING APPROVAL	<u>NO</u>	N/A RE	QUIRED	