## MILFORD BOROUGH

500 Broad Street Milford, PA 18337 570-296-7140 www.milfordboro.org

## **APPLICATION FOR ZONING PERMIT**

Please 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			
tand oser in hesitaentia.			
<b>LAND/PROPERTY OWNER</b> : □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:			
TYPE OF PROJECT:			
New Structure			
Fence/Wall Use (New/Change)			
DESCRIPTON OF PROJECT:			

Estimated cost of project: \$			
*Must be fair market value including materia	als and labor		
Sewage: Public or community Private			
Water Supply: Public or community Private			
Does this property contain wetlands?			
Is this property within a federally designated flood plain?			
Is this property within a planned community subject to associati	on 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, include	e full basement, porch, deck,	attached garage	
establishment of official property lines for required setbacks prior to the applicable 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 centest of my knowledge and belief.  This permit is issued only for the purpose applied for and may not be compliance has been granted. Any alteration or change of use required Applicant Name:	project. I certify that the swork is being performed rtify that this information occupied for this purpose es an additional Zoning Pe	Zoning Official or his at any reasonable hour to is true and correct to the until a Certificate of	
Applicant Signature:	Date:		
*If applicant is not land owner/building owner/contractor/archit	tect/engineer named al	pove	
Business Name:Off	Office Phone:		
Applicant Mailing Address:			
Direct/Cell Number:Email:			
<ul> <li>■ Site plan drawn to scale showing the following:         <ul> <li>Actual Dimensions and Shape of Lot</li> <li>Location of all structures on the property (included by Location and height of proposed structure in release)</li> </ul> </li> </ul>			
FEE CALCULATIONS: *for office use only			
FEE CALCULATIONS. FIOI Office use offing	Total Permit Fees:		
	Less Deposit:		
	Balance due:		