

**WEST CALN TOWNSHIP
ZONING PERMIT APPLICATION**

(610) 384-5643 Ext. 114

(610) 384-9035 Fax

DATE _____

1. _____
NAME OF APPLICANT

2. _____
STREET ADDRESS

TAX PARCEL #

3. _____
MAILING ADDRESS
(If Different from Street Address)

ZONING DISTRICT

4. _____
CITY AND ZIP CODE

PHONE #

5. _____
TYPE AND SIZE OF CONSTRUCTION

INTENDED USE (S)

6. _____
ESTIMATED COST

7. AN ACCURATE PLOT PLAN SHOWING THE FOLLOWING MUST BE SUBMITTED FOR REVIEW:

- A. PROPERTY LINES WITH DIMENSIONS
- B. DISTANCE FROM PROPERTY LINES AND ABUTTING STREETS FROM PROPOSED BUILDING.
- C. ALL BUILDINGS, WELLS, AND SEWER SYSTEMS CURRENTLY ON SITE.
- D. ALL STREETS AND DRIVEWAYS.

8. AN **11" X 17" BUILDING PLAN** IS REQUIRED FOR ALL AGRICULTURAL BUILDINGS.

SIGNATURE OF APPLICANT

DATE

ZONING APPROVAL

DATE