TOWNSHIP of DARBY

CHECK #_____
AMOUNT $_____

ZONING PERMIT APPLICATION #_____

PROPERTY INFORMATION

PROPERTY OWNER/ BUSINESS NAME:	PHONE:

ADDRESS:

Street	Apt#	City	State	Zip

APPLICANT INFORMATION

APPLICANT (Please Circle):   Owner   Contractor   Manager   Other_____

NAME OF AGENCY/BUSINESS (if applicable):	PHONE

NAME:	EMAIL:

ADDRESS:

Street	Apt#	City	State	Zip

CIRCLE: NEW STRUCTURE   EXISTING STRUCTURE   BUSINESS   OTHER_____

DESCRIPTION OF WORK:

If opening a new business or changing the location of a business, please put the name of the business and type of business. For all other work requiring a zoning permit, a plot plan must be attached locating all existing and proposed man-made structures and shall include their dimensions and setbacks to at least two property lines.

LOT DIMENSIONS	DIMENSIONS OF PROPOSED STRUCTURE	PROPOSED SETBACKS
WIDTH AT FRONT_____	LENGTH_____	FRONT_____
WIDTH AT REAR_____	WIDTH_____	REAR_____
RIGHT SIDE DEPTH_____	HEIGHT_____	RIGHT SIDE_____
LEFT SIDE DEPTH_____	SQUARE FT_____	LEFT SIDE_____

I HEREBY CERTIFY THAT THE PROPOSED WORK IS AUTHORIZED BY THE OWNER OF RECORD, THAT I HAVE BEEN AUTHORIZED BY THE OWNER TO MAKE THIS APPLICATION AS HIS/HER AUTHORIZED AGENT, AND WE AGREE TO CONFORM TO ALL APPLICABLE LOCAL, STATE, AND FEDERAL LEGISLATION.

SIGNATURE   DATE

ZONING OFFICER COMMENTS

PLOT PLAN REQUIRED: ATTACHMENT MAY BE SUBMITTED.