

**ELDRED TOWNSHIP**

490 Kunkletown Road, P.O. Box 600  
Kunkletown, PA 18058 ,  
610-381-4252  
www.eldredtpw.org

**APPLICATION FOR ZONING PERMIT**

Please print legibly – failure to do so may result in a denial, delay or 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

**LAND/PROPERTY OWNER:**  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  Addition  Alteration  Pool  Deck Replacement  Sign  
 Fence/Wall  Use (New/Change)

**DESCRIPTON OF PROJECT:**

Estimated cost of project: \$ \_\_\_\_\_

\*Must be fair market value including materials 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 association 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 full basement, porch, deck, attached garage

---

**CERTIFICATION:**

I certify that I am the owner of record, or that I have been authorized by the owner of record to submit this application and that the work described has been authorized by the owner of record. I understand and assume responsibility for the establishment of official property lines for required setbacks prior to the start of construction and agree to conform to all applicable local, state and federal laws governing the execution of this project. I certify that the Zoning Official or his representative shall have the authority to enter the areas in which this work is being performed at any reasonable hour to enforce the provisions of the codes governing this project. I further certify that this information is true and correct to the best of my knowledge and belief.

This permit is issued only for the purpose applied for and may not be occupied for this purpose until a Certificate of Compliance has been granted. Any alteration or change of use requires an additional Zoning Permit.

Applicant Name: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*\*If applicant is not land owner/building owner/contractor/architect/engineer named above*

Business Name: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Applicant Mailing Address: \_\_\_\_\_

Direct/Cell Number: \_\_\_\_\_ Email: \_\_\_\_\_

---

**REQUIRED DOCUMENTS:**

- Site plan drawn to scale showing the following:
  - Actual Dimensions and Shape of Lot
  - Location of all structures on the property (including well, septic & accessory structures)
  - Location and height of proposed structure in relation to property lines and structures.

---

FEE CALCULATIONS: \*for office use only

Total Permit Fees:	
Less Deposit:	
Balance due:	