BOROUGH OF EAST GREENVILLE *

206 Main Street East Greenville, PA 18041 (215) 679-5194 Fax: (215) 679-3931 codes@egreenville.org

ZONING PERMIT APPLICATION

PROPERTY ADDRESS:					
APPLICANT:			DATE OF APPLICATION		
ADDRESS:					
PHONE NUMBER: EMAIL:					
OWNER NAME & ADDRESS IF DIFFERENT FROM ABOVE:					
PHONE NUMBER: EMAIL:					
PRESENT USE OF PROPERTY:					
IS THIS A CORNER LOT? ZONING DISTRICT:			LOT AREA:		
LOT FRONTAGE (FEET):	FRONT SETBACK (FROM CURE			BUILDING HEIGHT:	
REAR SET BACK: SIDE	SETBACKS: LEFT:	RIGHT:		TOTAL (L+R):	
PROPOSED USE OF PROPERTY: GROSS FLOOR AREA:					
PERCENTAGE OF LOT COVERED BY BUILDINGS: PERCENTAGE OF LOT COVERED BY IMPERVIOUS SURFACE:					
NUMBER OF OFF-STREET PARKING SPACE	TYPE OF SURFACING:				
WILL OFF OFF-STREET LOADING/UNLOADING BE PROVIDED: YES NO					
ESTI MATED FAIR MARKET VALUE OF IMPROVEMENT: \$			DATE WORK WILL COMMENCE:		
ARE ANY SPECIAL CIRCUMSTANCES APPLICABLE? YES NO IF SO, INDICATE:					
THE FOLLOWING INFORMATION SHALL ACCOMPANY THIS APPLICATION AS APPLICABLE: 1. MAP OR SKETCH OF THE LOT IN QUESTION, INDICATING LOT SIZE, DIMENSIONS, EXACT LOCATIONS OF ALL EXISTING AND PROPOSED BUILDINGS, STRUCTURES, AND DRIVEWAYS, PARKING SPACES, SIDEWALK, STREET, ALLEY, AND ALTERATIONS. 2. ELEVATION VIEW SHOWING GRADE, BUILDING AND STRUCTURE HEIGHT, ETC. 3. USE BACK OF APPLICATION FOR ANY COMMENTS AND ADDITIONAL INFORMATION YOU WANT TO INCLUDE. PLEASE NOTE THAT INCOMPLETE APPLICATIONS WILL BE RETURNED.					
I (we) hereby apply for approval of this application for a zoning permit for the purpose(s) stated herein. All sketches, plans, and/or other supporting data shall be considered as part of this application. I (we) agree in submitting this application that all applicable provisions of the Borough Zoning Ordinance and all other applicable laws, ordinances, and regulations shall be complied with in the proposed erection and/or use of this structure or land whether specified or not. I (we) further certify that this application with all supporting data is true and correct to the best of my (our) knowledge and belief.					
Owners Signature	Owners Signature			Applicant/Agent Signature	

Office Use Only: Fee Paid Y N Date Received:______ By: _____