



CITY OF ALLENTOWN ZONING APPLICATION

AS REQUIRED BY CITY ORDINANCE No. 14835, AS AMENDED

Application is hereby made for a permit to erect or alter a structure and/or to use the premises for the purposes described herewith. The information which follows is made part of this application by the undersigned. It is understood and agreed by this applicant that any misstatement or misrepresentation of material fact, either with or without intention on the part of this applicant, such as might or would operate to cause a refusal of this application, or any change in the location, size or use of structure or land made subsequent to the issuance of this permit without approval of the Zoning Office, shall constitute sufficient ground for the revocation of this permit.

\$100.00 (ONE-HUNDRED APPLICATION FEE REQUIRED AT TIME OF SUBMISSION)

LOCATION, OWNERSHIP AND PRESENT USE OF PROPERTY

Street and Number _____

Deed Owner _____

Owner Address _____

Daytime Phone No. _____

Present Use of Structure/No. of Dwelling Units _____

PRESENT USE OF STRUCTURE AND/OR LAND

Type of Work

NEW STRUCTURE	<input type="checkbox"/>	ADDITION	<input type="checkbox"/>	INTERIOR ALTERATION	<input type="checkbox"/>
EXTERIOR ALTERATION	<input type="checkbox"/>	CHANGE OF USE	<input type="checkbox"/>	SIGN	<input type="checkbox"/>
DEMOLITION	<input type="checkbox"/>	BILLBOARD	<input type="checkbox"/>	OTHER _____	

Proposed Use of Structure/No. Dwelling Units _____

Description of Work _____

APPLICANT

Name of Applicant _____

Applicant's Address _____

Daytime Phone No. _____

Applicant's Signature _____

APPROVAL IF THIS APPLICATION DOES NOT RELIEVE THE APPLICANT OF SECURING ANY OTHER REQUIRED APPROVALS OR PERMITS FROM THE CITY OF ALLENTOWN. A SITE PLAN AND FLOOR PLAN MAY BE REQUIRED WITH THIS APPLICATION. CALL THE ZONING OFFICE AT (610)437-7630 DURING REGULAR BUSINESS HOURS.

THIS APPLICATION EXPIRES SIX (6) MONTHS FROM DATE OF SUBMISSION

OFFICE USE ONLY

Date Application Received _____ Zoning/Overlay District _____ Zoning Officer _____

Site Plan Required Y N Planning Commission Review Required Y N Attachments Y N

Application Approved Y N Date _____ Zoning Permit # _____

Reason for Denial _____

Applied to the Zoning Hearing Board Y N Date _____ Application # _____