

ZONING PERMIT APPLICATION

Permit #

OWNER INFORMATION:

Owner Name _____ Phone _____

Mailing Address _____

E-Mail Address (Optional, Please Print Legibly): _____

PROPERTY INFORMATION (attach plot plan):

Site Address: Street/Town _____

Subdivision _____ TMP: _____ Lot Size _____

APPLICANT/AGENT INFORMATION (if different from 'Owner'):

Applicant Name _____ Phone _____

Mailing Address _____

E-Mail Address (Optional, Please Print Legibly): _____

PROPERTY USE INFORMATION:

Existing Use(s) (Check all that apply): **Single Family Dwelling** **Multi-Family Dwelling(s)**

Accessory Home Occupation **Agriculture** **Vacant Land (no use)**

Other (Describe all uses): _____

Proposed Use/Structure (Check all that apply):

Residential No. of Existing Bdrms. _____ Proposed _____

Res. Accessory Square Footage _____

Agriculture Square Footage _____ Animal Shelter? YES NO

Other (describe): _____

OWNER'S CERTIFICATION:

I hereby certify that all information on this form and attached documentation is true, to the best of my knowledge. Further, I authorize the listed applicant/agent to act in my stead with regards to this application. In addition, if a permit for the use/structure is issued, I certify that the Nockamixon Township Zoning Officer is authorized to enter those areas of the property affected by the permit at any reasonable hour to inspect for compliance with the permit and Nockamixon Zoning Ordinance.

OWNER'S Signature: _____ **Date:** _____

Check & initial Here if you authorize communications and replies via the listed E-MAIL address.

Initials