

# ALBANY TOWNSHIP

610-756-6452 / Fax 610-756-3452

## ZONING PERMIT APPLICATION

**LOCATION OF PROPOSED WORK OR IMPROVEMENT** (include street, city, state & zip code)

County: \_\_\_\_\_ Municipality: \_\_\_\_\_

Site Address: \_\_\_\_\_

Tax Parcel #: \_\_\_\_\_ Lot Size: \_\_\_\_\_ Lot # \_\_\_\_\_

Subdivision / Land Development Name: \_\_\_\_\_

Owner/Applicant Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

Fax #: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Principal Contractor: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

Fax #: \_\_\_\_\_ E-Mail: \_\_\_\_\_

PA Contractor Registration #: \_\_\_\_\_

### TYPE OF WORK OR IMPROVEMENT

- New Construction     Addition     Alteration     Demolition     Commercial     Sign  
 Accessory Structure     Change of Use     Home Occupation     Agricultural     Driveway     Other

Describe the proposed Work and Use \_\_\_\_\_

### ESTIMATED COST OF CONSTRUCTION (Reasonable fair market value)

\$ \_\_\_\_\_

### DESCRIPTION OF BUILDING USE (Check One)

- RESIDENTIAL OR ACCESSORY THERETO     NON-RESIDENTIAL  
 One-Family Dwelling    Specific Use: \_\_\_\_\_  
 Other Residential    Change in Use:     Yes     No  
If YES, Indicate Former: \_\_\_\_\_

### BUILDING DIMENSIONS

Existing Building Area: \_\_\_\_\_ Sq. Ft.    Number of Stories: \_\_\_\_\_  
Proposed Building Area: \_\_\_\_\_ Sq. Ft.    Height of Structure Above Grade: \_\_\_\_\_ Ft.  
Total Building Area: \_\_\_\_\_ Sq. Ft.    Area of Largest Floor: \_\_\_\_\_ Sq. Ft.

### FLOODPLAIN

- Is the site located within an identified flood hazard area? (Check One)     Yes     No  
Will any portion of the flood hazard area be developed? (Check One)     Yes     No     N/A

Application for a permit shall be made by the *owner* or lessee of the building or structure, or *agent* of either, or by the *registered design professional* employed in connection with the proposed work.

**I certify the code administrator or the code administrator's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.**

\_\_\_\_\_  
Signature of Owner or Authorized Agent

\_\_\_\_\_  
Print Name of Owner or Authorized Agent