

BOROUGH OF EAST STROUDSBURG

ZONING AND CODES OFFICE

24 Analomink Street, East Stroudsburg, PA 18301 Telephone: 570-421-8300 Fax: 570-421-5575

www.eaststroudsburgboro.org

ZONING PERMIT APPLICATION (Please Print)					
	ONS MUST BE COMPLETED BY AL	L APPLICANTS			
1. OWNER INFORMATION		Laboraco			
OWNER'S NAME		ADDRESS			
EMAIL		PHONE			
LIVALE					
LOCATION OF PROPERTY	•	,			
PROPERTY TAX NO.					
THOI EITH 1700 TO.					
2. TENANT INFORMATION		ADDDECC			
TENANT NAME		ADDRESS			
EMAIL		PHONE			
3. GENERAL CONTRACTO		ADDDECC			
GENERAL CONTRACTOR NAME		ADDRESS			
EMAIL		PHONE			
4. TYPE OF PERIT REQUE					
A. PROJECT OR PROPER	TY ADDRESS				
B. PROPOSED WORK:	☐ ERECT A STRUCTURE ☐	CHANGE OF USE	ERECT OR ALTER SIGN		
D. FROFOSED WORK.	_		MOVE A STRUCTURE		
	<u> </u>	_			
	☐ DEMOLISH A STRUCTURE	FENCE	SWIMMING POOL		
OTHER (SPECIFY):					
E ZONING INFORMATION					
5. ZONING INFORMATION	: CIRCLE ONE) R-1, R-2, R-3, S-1, C-1	C 4A C 4B C 2 LM L I I II	IA LE CNA1		
2. PRESENT USE OF PROPERTY:					
PROPOSED USE OF PROPERTY: 4. EXPLANATION OF PROPOSED USE OF PROPERTY:					
4. EXPLANATION OF PR	ROPOSED USE OF PROPERTY:				
5. HEIGHT OF PROPOSED STRUCTURE:					
5. HEIGHT OF PROPOSED STRUCTURE: 6. PERCENTAGE OF BUILDING COVERAGE:					
ADDITIONAL REQUIREME					
		charged if a change of u	se, addition or		
1. Additional water and sewer allocation fees will be charged if a change of use, addition or expansion results in additional usage.					

- 2. A plot plan is required.

Plot Plan Information:				

REQUIRED FEES	
ZONING APPLICATION FEE	\$
CERTIFICATE OF NON CONFORMING USE PERMIT FEE	\$
CERTIFICATE OF RESALE PERMIT FEE	\$
CONDITIONAL USE APPLICATION FEE	\$
CURB CUT PERMIT FEE	\$
DECK PERMIT FEE	\$
DRIVEWAY PERMIT FEE	\$
FENCE PERMIT FEE	\$
HOME OCCUPATION PERMIT FEE	\$
JOINDER DEED LOT COMBINATION PERMIT FEE	\$
LAND USE/CHANGE OF USE PERMIT FEE	\$
NEW HOME PERMIT FEE	\$
SHED PERMIT FEE	\$
SIGN PERMIT FEE	\$
SWIMMING POOL PERMIT FEE	\$
TEMPORARY TRAILER/BLDG PERMIT FEE	\$
TIME EXTENSION REQUEST FEE	\$
ZONING COMPLIANCE INSPECTION AND/OR LETTER FEE	\$
Notes:	

AFFIDAVITS

PLEASE READ AND SIGN BELOW. CHECK ALL BOXES THAT APPLY. THE ZONING AND CODES OFFICER HAS THIRTY DAYS TO REVIEW AND RESPOND TO ALL APPLICATIONS.

1: ☐ I CERTIFY THAT I AM EITHER THE OWNER IN FEE OR AUTHORIZED BY THE OWNER IN FEE TO MAKE THIS APPLICATION.				
2: \(\sigma\) I, THE OWNER OF THIS PROPERTY, WILL BE THE ONLY PERSON WORKING ON THIS PROJECT. IF I HAVE TO HIRE A CONTRACTOR I UNDERSTAND THAT HE MUST SUPPLY THE BOROUGH WITH A WORKER'S COMPENSATION CERTIFICATE OR A NOTARIZED AFFIDAVIT STATING THAT HE DOES NOT FALL UNDER THE REQUIREMENTS FOR WORKER'S COMPENSATION.				
3: ☐ APPLICANT ACKNOWLEDGES THAT HE WILL PAY FOR ALL ENGINEERING REVIEW FEES ACCORDING TOTHE CURRENT FEE SCHEDULE AVAILABLE ATTHEZONING AND CODES OFFICE.				
4: APPLICANT ACKNOWLEDGES THAT IF HE PROCEEDS WITH CONSTRUCTION WITHIN THIRTY (30) DAYS AFTER THE ISSUANCE OF A PERMIT, HE DOES SO AT HIS OWN RISK. AGGRIEVED PARTIES HAVE THIRTY (30) DAYS TO FILE AN APPEAL FROM THE GRANTING OF ANY PERMIT BY THE ZONING OFFICER, ZONING HEARING BOARD, CODES APPEAL BOARD, AND BOROUGH COUNCIL.				
5: APPLICANT AFFIRMS THAT HE WILL CALL FOR ALL SCHEDULED INSPECTIONS (A LIST IS AVAILABLE FROM THE ZONING AND CODES OFFICE) AND A CERTIFICATE OF OCCUPANCY IS REQUIRED BEFORE ANY PROPERTY IS OCCUPIED OR USED WITHIN THE BOROUGH. The Owner of this building and the undersigned agree to conform to all applicable laws of this jurisdiction.				
Name of Owner Address				
Signature of Owner		Date		
Name of Applicant	Address			
Signature of Applicant		Date		
VALIDATION				
All applications, complete plans, and revised plans that req shall be presented at the office of the East Stroudsburg Zo days prior to the next regular scheduled meeting of the Eas	Approved by:			
Failure to comply with this regulation will result in the item be regular scheduled meeting of the planning Commission.	Zoning Officer			
Incomplete plans and applications are not acceptable.				