

BOROUGH OF BIRDSBORO
 Municipal Office
 202 East Main Street
 Birdsboro, PA 19508
 610-582-6030 (p) 610-582-6039 (f)

Zoning Officer: Thomas J. Yuhas
 Borough of Birdsboro
 202 East Main Street
 Birdsboro, PA 19508
 610-582-6030 (p) 610-582-6039 (f)

APPLICATION FOR ZONING PERMIT

ZONING PERMIT FEE AMT. _____ DATE PAID _____ CHECK NUMBER _____

↓ NAME OF APPLICANT (must be record owner and/or equitable owner of property) _____ TELEPHONE NO. ↓ _____

ADDRESS OF APPLICANT _____ ZIP CODE ↓ _____ MAILING _____

LOCATION OF PROPERTY (i.e.; East side Rte. 61, 1 mi. North of Rte. 895) ↓ _____ PHYSICAL _____

Deed Book Volume (DBV) _____ Page (P) _____ Unified Parcel Identification (UPI) Number _____

↓ Width ↓ Length ↓ Subdivision/Lot Number, if applicable ↓ Sewage Permit No. ↓ Lot Size

Describe the proposed construction/land use. Specify type (i.e. new residential dwelling; in-ground pool; one room addition; flea market; etc.), and materials. (i.e.; block foundation, wood frame, vinyl siding, pole building, etc.) ↓

Dimensions: ↓ Area ↓ Number of Stories/Height ↓ Value of Construction ↓

↓ Zoning District	↓ Building Setback	↓ Side Yard, ea.	↓ Rear Yard
Required: _____	_____	_____	_____
Provided: _____	_____	_____	_____

Provide detailed sketch, on separate sheet(s). Show lot lines, building locations, relation to streets/lot lines, and any other information required to assure zoning officer that proposal conforms to applicable Zoning Ordinance regulations. Reference drawing identification here, (i.e.; Dwg. No., Date, Drawn by, etc.)

Pursuant to PA Act 38 (amending Acts 287 and 172) notification to the "One Call System" is required at least three working days prior to disturbing earth with any type of powered equipment. Call Toll Free 1-800-242-1776. Please note that it is the responsibility of the applicant to make this notification.

VERIFICATION

I, _____, hereby verify that the information contained in this application, including all statements, representations, and other entries, is true and correct to the best of my knowledge, information and belief. This verification is made subject to the penalties of 18 PA. C. S. §4904, relating to unsworn falsification to authorities, and §4911, relating to tampering with official records.

_____/_____
 Applicant's Signature Date

DO NOT WRITE BELOW - SHADED AREA FOR BOROUGH USE ONLY

_____ Permit Issued	Permit # _____	Zoning Officer Signature
_____ Permit Denied		
Reason for Denial: _____		

