



MIDDLE SMITHFIELD TOWNSHIP

147 Municipal Dr.
East Stroudsburg, PA 18302
570-223-8920
www.middlesmithfieldtownship.com

APPLICATION FOR ZONING PERMIT

Please print legibly – failure to do so may result in a denial, delay or rejection of this application.

PROPERTY/SITE INFORMATION:

Property/Site Address: _____
(COMPLETE 911 STREET ADDRESS OR STREET & LOT#)

PIN: _____ Tax Account: _____
(14 DIGIT PROPERTY IDENTIFICATION NUMBER)

Zoning District: _____ Zoning District of adjacent property: _____

Land Use: Residential Commercial

LAND/PROPERTY OWNER: check here if applicant

Name: _____

Mailing Address: _____

Phone Number: _____ Email: _____

BUILDING/STRUCTURE OWNER: check here if same as land/property owner check here if applicant

Name: _____

Mailing Address: _____

Phone Number: _____ Email: _____

CONTRACTOR INFORMATION: check here if applicant

Business Name: _____ Office Phone: _____

Business Mailing Address: _____

Contact Name: _____

Direct/Cell Number: _____ Email: _____

TYPE OF PROJECT:

- New Structure Addition Alteration Pool Deck Replacement Sign
- Fence/Wall Use (New/Change)

DESCRIPTON OF PROJECT:

Estimated cost of project: \$ _____

*Must be fair market value including materials and labor

Sewage: Public or community Private

Water Supply: Public or community Private

Does this property contain wetlands? _____

Is this property within a federally designated flood plain? _____

Is this property within a planned community subject to association rules & regulations and/or deed restrictions? _____ If yes, name of the community: _____

For new structures, additions, signs, decks:

Height: _____ Length: _____ Width: _____

Floor area of new construction (sq ft): _____

*based on exterior dimensions, include full basement, porch, deck, attached garage

CERTIFICATION:

I certify that I am the owner of record, or that I have been authorized by the owner of record to submit this application and that the work described has been authorized by the owner of record. I understand and assume responsibility for the establishment of official property lines for required setbacks prior to the start of construction and agree to conform to all applicable local, state and federal laws governing the execution of this project. I certify that the Zoning Official or his representative shall have the authority to enter the areas in which this work is being performed at any reasonable hour to enforce the provisions of the codes governing this project. I further certify that this information is true and correct to the best of my knowledge and belief.

This permit is issued only for the purpose applied for and may not be occupied for this purpose until a Certificate of Compliance has been granted. Any alteration or change of use requires an additional Zoning Permit.

Applicant Name: _____

Applicant Signature: _____ Date: _____

**If applicant is not land owner/building owner/contractor/architect/engineer named above*

Business Name: _____ Office Phone: _____

Applicant Mailing Address: _____

Direct/Cell Number: _____ Email: _____

REQUIRED DOCUMENTS:

- Site plan drawn to scale showing the following:
 - Actual Dimensions and Shape of Lot
 - Location of all structures on the property (including well, septic & accessory structures)
 - Location and height of proposed structure in relation to property lines and structures.

FEE CALCULATIONS: *for office use only

Total Permit Fees:	
Less Deposit:	
Balance due:	