

Date Registration Received by City:



123 S Third Street
 Easton, PA 18042
 phone (610) 250-6724
 fax (610) 250-6607
 e-mail codes@easton-pa.gov

CITY OF EASTON

ZONING PERMIT APPLICATION

Application is hereby made to the Easton Zoning Administrator for (explain proposal):

Business - _____ located at _____

I hereby certify that I am the legal or equitable owner of the property for which this application is made, and attest that all information given is true and accurate to the best of my knowledge. I understand that any misrepresentation of information supplied hereunder shall render this application and any subsequent approvals null and void.

FEES:
 Business..... \$50.00
 CO Inspection.....\$200.00
 Business License..\$25.00

 (Signature of Legal or Equitable Owner)

OWNER: name _____

APPLICANT: name _____

address _____

address _____

phone _____

phone _____

email _____

email _____

TO BE COMPLETED BY:

APPLICANT

ZONING ADMINISTRATOR
 (FOR OFFICE USE ONLY)

Required Information	Existing	Proposed	Required	Notes
Principal Use – Provide square footage for each use and where located in the building Example: 1 st floor _____sq ft				
Accessory Use - (If more than one -list sq. ft for each use)				
Number of Off-street Parking Spaces				

***** FOR OFFICE USE ONLY *****

DATE REC'D:	DATE REVIEWED:	REVIEWED BY:
FEE REC'D:	APPROVED <input type="checkbox"/>	DENIED <input type="checkbox"/>
REC'D BY:	REFER TO PLANNING AS SPECIAL EXCEPTION <input type="checkbox"/>	
PERMIT NO:	<i>Is the existing use a legal non confirming use</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	
ZONING DISTRICT:	COMMENTS:	

