

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 \_\_\_\_\_

**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 <sup>st</sup> 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:	<i>Is the existing use a legal non confirming use</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	
PERMIT NO:	COMMENTS:	
ZONING DISTRICT:		

