

Lehman Township Zoning Office
Lehman Township Board of Supervisors

1183 Old 115 Hwy
Dallas, Pa. 18612
(570) 675-8224 / Fax – 570-675-8409

David H. Sutton, Chairman
Raymond Iwanowski, Vice Chairman
Douglas W. Ide, Roadmaster

Alvin L. Cragle, Secretary/Treasurer
M.J. Haley, Esquire Solicitor

Christine Pope,
Zoning Officer

Submission Date: _____	App. Fee: \$ _____
Payment: _____	Permit #: _____

ZONING PERMIT APPLICATION

1. ADDRESS/LOCATION OF PROPERTY:

PIN NUMBER: _____ **DEED/RECORD BOOK AND PAGE:** _____

2. ZONING DISTRICT: _____ (A-1, R-1, R-2, S-1, B-1, B-2, C-1, or I-1)

3. APPLICANTS NAME/ADDRESS AND TELEPHONE NUMBERS:

Telephone Numbers, Day: _____ **Evening:** _____

4. OWNER'S NAME/ADDRESS AND TELPHONE NUMBER (IF NOT APPLICANTS):

Telephone Numbers: Day: _____ **Evening:** _____

5. APPLICATION IS HEREBY MADE TO: (CHECK APPROPRIATE ITEM)

- USE OF LAND WITHOUT ANY STRUCTURE**
- ERECT A STRUCTURE**
- ADDITION TO AN EXISTING STRUCTURE**
- CHANGE USE OF A STRUCTURE**

____ OTHER:(EXAMPLE-DECK, SHED, FENCE CARPORT,etc.)

6. PROVIDE A DESCRIPTION OF THE ITEM CHECKED UNDER ITEM NO.5:

7. SIZE OF LOT:

_____ Width _____ Depth _____ Acres/Square Feet

8. LOCATION OF STRUCTURE/USE ON LOT:

_____ Feet To Front Yard Property Line

_____ Feet To Rear Yard Property Line

_____ Feet To Side Yard Property Line

_____ Feet To Side Yard Property Line

******DRAWING OR SKETCH REQUIRED, attach a plan, show Length & wide of lot and size of build with distance from structure to each property line.*

9.

(Signature of Applicant)

(Date)

(Signature of Owner)

(Date)

10. ZONING OFFICE REVIEW:

Approved:

Denied:

(Signature of Zoning Officer)

(Date)

11. If Permit is denied, note the applicable Sections of the Lehman Township Zoning Ordinance on which the denial is based below:

12. A copy of the Lehman Township Zoning Officer's letter of denial shall be attached to this Zoning Permit Application.

Resolution No. 041700 (Rev. 12/27/06)

Hmk/ddh