

Borough of Conshohocken
1 West First Ave., Suite 200
Conshohocken, PA 19428
Phone (610) 828-1092 Fax (610) 828-0920

ZONING PERMIT APPLICATION

PERMIT # _____

For Zoning Use Only
Present Zoning District: _____ Lot Size: _____
Proposed Zoning Use: _____ Approved or Disapproved Conditions: _____
Date proposed work was reviewed by zoning: ___ / ___ / ___
Has the Zoning Board of Conshohocken issued a special exception, variance, or other ruling concerning this proposed work or zoning classification? _____

For Office Use Only
Date Application Received: _____
Receipt # _____
Permit Fee \$50.00 <input type="checkbox"/> Cash <input type="checkbox"/> Check # _____
Parcel # 0-500- _____
Date Permit Issued: _____ Issued By _____

TYPE OF ZONING PERMIT

<input type="checkbox"/> Accessory Structure (must be less than 200 square feet)	<input type="checkbox"/> Shed	<input type="checkbox"/> Greenhouse	<input type="checkbox"/> Other Size _____
<input type="checkbox"/> Driveway / off -street parking	Size _____	Material _____	Escrow agreement in place <input type="checkbox"/> YES or <input type="checkbox"/> No
<input type="checkbox"/> Fence Height _____			
<input type="checkbox"/> Patio size _____			
<input type="checkbox"/> Walkways (NOT the public sidewalk)			
<input type="checkbox"/> Other (please describe) _____			

Location of Property _____ Please provide a plot plan of your property (2 copies)

Is there a written contract between the owner and the contractor? **Yes Copy Must Be Attached** or **No**

Contractor's Business Name:	Property owner acting as a contractor <input type="checkbox"/> Yes or <input type="checkbox"/> No
License # _____ or applying today - <input type="checkbox"/> (please check)	Property Owner's Name:
Contact Person's Name:	
Street Address	Street Address
City, State & Zip	City, State & Zip
Daytime Phone	Daytime Phone
Cell Phone	Cell Phone

Is any **Building** work being undertaken? **Yes OR** **No** Contractor's Name _____

Is any **Electrical** work being undertaken? **Yes OR** **No** Contractor's Name _____

Is any **Plumbing** work being undertaken? **Yes OR** **No** Contractor's Name _____

Is any **Mechanical** work being undertaken? **Yes OR** **No** Contractor's Name _____

The information provided in this Application is true and correct to the best of my knowledge, information and belief and that these statements are made subject to the penalties of 18 Pa. C.S.A. Section 4904 relating to unsworn falsification to authorities. The undersigned is the owner of said structure or has been authorized by the owner(s) to act as agent in procuring the building permit herein requested. The undersigned also takes full responsibility for all work performed and will comply with all provisions of the Zoning Ordinance, the Building Code and with all other applicable ordinances of Conshohocken.

APPLICATION MUST BE APPROVED, PERMIT ISSUED AND POSTED ON JOB SITE PRIOR TO BEGINNING WORK!

 Signature of Owner
 Revised 12/08

 Date