

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

ZONING PERMIT APPLICATION

PERMIT # _____

<p style="text-align: center;">For Zoning Use Only</p> 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? _____ _____	<p style="text-align: center;">For Office Use Only</p> Date Application Received: _____ Receipt # _____ Permit Fee \$50.00 <input type="checkbox"/> Cash <input type="checkbox"/> Check # _____ Parcel # 0-500- _____ Date Permit Issued: _____ Issued By _____
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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) _____
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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: License # _____ or applying today - <input type="checkbox"/> (please check) Contact Person's Name:	Property owner acting as a contractor <input type="checkbox"/> Yes or <input type="checkbox"/> No Property Owner's Name:
Street Address City, State & Zip	Street Address 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 _____
 Date