ZONING PERMIT APPLICATION
UPPER GWYNEDD TOWNSHIP

To be completed by all applicants:

1. Owner or Lessee Name: _____

Mailing Address: _____

_____

Home Phone: _____

Business Phone: _____

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2. Contractor: _____

Mailing Address: _____

_____

Business Phone: _____

Pager or Cell Phone: _____

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as the authorized agent and we agree to conform to all applicable laws of this jurisdiction.

_____ _____ _____

Signature of Applicant Mailing Address Date

I. LOCATION OF BUILDING

At (Location): _____ Zoning District: _____
No. Street Town

Between: _____ and _____
Cross Street Cross Street

Subdivision: _____ Lot_____ Unit_____ Block_____ Lot Size_____

II. TYPE AND COST OF BUILDING

A. Type of Improvement

- ☐ Carport
- ☐ Detached Private Garage
- ☐ Greenhouse
- ☐ Storage Shed
- ☐ Uncovered Wood Deck less than 30 inches above grade
- ☐ Uncovered Concrete / Block Paver Patio less than 30 inches above grade
  Sq. Ft. Area of Project for Deck or Patio _____
- ☐ Driveway Expansion

B. Ownership

- ☐ Private *(individual, corporation, nonprofit institution, etc.)*
- ☐ Public *(Federal, State, or local government)*

C. Cost *(omit cents)*

Cost of improvement ..... $_____