

Milford Borough Zoning Department
109 W. Catharine Street
Milford, PA 18337
ZONING PERMIT APPLICATION
AS REQUIRED BY THE BOROUGH ZONING ORDINANCE

NOTICE
This permit is
valid for a period
of 1 year from
date of issuance

Application is hereby made for a permit to erect or alter a structure, which shall be located as shown on diagram on the attached sheet, and/or to use the premises for the purposes described herewith. The information, which follows, together with location diagram, is made part of this application by the undersigned. It is understood and agreed by this applicant that any error, misstatement or misrepresentation of material fact, either with or without intention on the part of this applicant, such as might or would operate to cause a refusal of this application, or any change in the location, size or use of structure or land made subsequent to the issuance of this permit, without approval of the Zoning Office, shall constitute sufficient ground for revocation of this permit.

PLEASE PRINT LEGIBLE

A. Location and Ownership of Property:

Zoning District: Residential Limited Commercial Commercial Tax Map #: _____
Deed Owner: _____ Deed Owner's Phone #: _____
Deed Owner's Address: _____ City: _____ State: _____ Zip: _____
If Applicant's information is same as Deed Owner, check here: Is property in Historical District Yes No
Applicant's Name: _____ Applicant's Phone #: _____
Applicant's Address: _____ City: _____ State: _____ Zip: _____
Business Name: _____ Suite # _____ Previous Tenant: _____
Business Location: _____ Building: _____ sq.ft. Property Size: _____ sq.ft.

B. Present Use of Property: (How is the property/building used NOW?) Check One, describe commercial (attach sheet if needed).

Present Use of Building/Structure: Single Family Multi-Family-Number of families: _____
 Commercial (Describe) _____
Present Use of Land: Vacant Single Family Multi-Family-Number of families: _____ Commercial

C. Proposed Use of Structure and/or Land: (What are you proposing to do?)

Type of Work Single-family Multi-Family-Number of families _____ addition alteration deck/porch
 Garage attached/detached (**circle one**) shed swimming pool New Building (Commercial)
 Change of Use (**attach description**) other: _____
Proposed Use of Structure: Single Family Multi-Family Commercial- Describe _____
Proposed Use of Land: Single Family Multi-Family Commercial- Describe _____
% of Lot coverage: (Include all existing/proposed buildings, drives, parking, all pervious & Impervious surfaces etc.) _____ %
Building/Structure sq. ft. _____ sq.ft. Building Height: _____ ft

Please attach a copy of the property deed.

The use of your property may be governed by private restrictive covenants, rules and regulations. The issuance of a permit to you by Milford Borough does not exempt you from complying with those covenants & regulations nor from obtaining any private permits that may be required.

Please Check: I have read and understand any restrictive covenants, rules and regulations of the deed and any private permit requirements.

D. Important Notices:

- This permit applies to Zoning **ONLY** and shall not relieve the applicant from obtaining such other permits (building,sewage,etc) as required by law.
- A Certificate of Use or Occupancy is required **PRIOR** to the occupying or using of any item permitted thereunder.
- Violations of any provision of the Zoning Ordinance or of this permit, by owner, lessee, applicant, tenant or other party, may be punishable by civil penalty not to exceed \$500.00 per day in which the violation occurs.
- Pennsylvania Act 247 (1968) provides for a 30 day appeal period for any party aggrieved by the issuance or denial of this permit. The applicant is warned that any work performed under this permit during the 30 day appeal period is performed strictly at the applicant's own risk.

E. Applicant's Approval:

I hereby certify that the information contained in this application and the accompanying site plan is accurate and true, that I read and understood the notices in Section D (above), that I am the lawful owner of the property, and/or that I am authorized to sign this application on behalf of all owners of the property.

Deed Owner's Signature: _____ Date: _____

Must include the Zoning Application fee of \$100.00. Please make checks/money orders payable to: Milford Borough

F. Approvals and Tracking (For office use only, do not write below this line)

Type of Application: Permitted use Accessory Use Conditional Use Variance Special Exception

List of Conditions: _____

Submission Date: _____ Request for additional information (date): _____

Permit Approved Permit Denied Permit #: _____ Fee: \$ _____ ck#: _____ Date: _____

Zoning Officer: _____

Phone #: (570) 296-4255 email: milfordzoningofficer@gmail.com Physical Address: 109 W. Catharine St, Milford, PA