



# CITY OF ALLENTOWN, PA ZONING APPLICATION

AS REQUIRED BY CITY ORDINANCE No. 14835, AS AMENDED

Application is hereby made for a permit to erect or alter a structure and/or to use the premises for the purposes described herewith. The information which follows is made part of this application by the undersigned. It is understood and agreed by this applicant that any 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 the revocation of this permit.

## LOCATION, OWNERSHIP AND PRESENT USE OF PROPERTY

Street and Number \_\_\_\_\_

Deed Owner \_\_\_\_\_

Owner Address/Phone No. \_\_\_\_\_

Present Use of Structure/No. of Dwelling Units \_\_\_\_\_

## PROPOSED USE OF STRUCTURE AND/OR LAND

### Type of Work

- |                     |                          |               |                          |                     |                          |
|---------------------|--------------------------|---------------|--------------------------|---------------------|--------------------------|
| NEW STRUCTURE       | <input type="checkbox"/> | ADDITION      | <input type="checkbox"/> | INTERIOR ALTERATION | <input type="checkbox"/> |
| EXTERIOR ALTERATION | <input type="checkbox"/> | CHANGE OF USE | <input type="checkbox"/> | SIGN                | <input type="checkbox"/> |
| DEMOLITION          | <input type="checkbox"/> | BILLBOARD     | <input type="checkbox"/> | OTHER _____         |                          |

Proposed Use of Structure/No. Dwelling Units \_\_\_\_\_

Description of Work \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## APPLICANT

Name of Applicant \_\_\_\_\_

Applicant's Address/Daytime Phone No. \_\_\_\_\_

Applicant's Signature \_\_\_\_\_

ISSUANCE OF THIS PERMIT DOES NOT RELIEVE THE APPLICANT OF SECURING ANY OTHER REQUIRED APPROVALS OR PERMITS FROM THE CITY OF ALLENTOWN. A SITE PLAN AND FLOOR PLAN MAY BE REQUIRED WITH THIS APPLICATION. CALL THE ZONING OFFICE AT (610) 437-7630 DURING REGULAR BUSINESS HOURS.

THIS ZONING APPLICATION APPROVAL IS VOID IN SIX (6) MONTHS FROM THE DATE OF ISSUE.

### OFFICE USE ONLY

Date Application Received \_\_\_\_\_ Zoning/Overlay District \_\_\_\_\_ Zoning Officer \_\_\_\_\_

Site Plan Required Y N Planning Commission Review Required Y N Attachments Y N

Application Approved Y N Date \_\_\_\_\_ Zoning Permit # \_\_\_\_\_

Reason for Denial \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Applied to the Zoning Hearing Board Y N Date \_\_\_\_\_ Application # \_\_\_\_\_