



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.

\$55 (FIFTY-FIVE) APPLICATION FEE REQUIRED AT TIME OF SUBMISSION

LOCATION, OWNERSHIP AND PRESENT USE OF PROPERTY

Street and Number _____
 Deed Owner _____
 Owner Address _____
 Daytime 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 _____

APPROVAL OF THIS APPLICATION DOES NOT RELIEVE THE APPLICANT FROM SECURING ALL REQUIRED APPROVALS AND/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 APPLICATION EXPIRES SIX (6) MONTH FROM DATE OF SUBMISSION

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 # _____