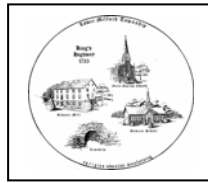


LOWER MILFORD TOWNSHIP

7607 Chestnut Hill Church Road

Coopersburg, PA 18036

Phone (610)967-4949 Fax (610)967-1013



BUILDING PERMIT APPLICATION

A. BUILDING PERMIT TYPE

- New Building/Structure
- Mobile Home
- Addition to Building
- Accessory Building/Structure
- Interior Alterations
- Exterior Alterations
- Above Ground Pool
- In-Ground Pool
- Roof Over Deck
- Fence
- Patio
- Deck
- Sign
- Shed
- Reroofing

B. PROPOSED USE

- Single Family
- Multi-Family
- Commercial
- Industrial
- Restaurant
- Retail
- Professional/Office
- Accessory

Description of Proposal : _____

C. IDENTIFICATION

Tax Map or Pin # _____ Total acres to be disturbed by Earthmoving _____ Average Slope of Property _____ % Zoning District _____

Project Location (Address) _____

Owner _____ Address _____ Phone _____

Applicant _____ Address _____ Phone _____

Contractor _____ Address _____ Phone _____

D. STRUCTURE SETBACKS & LOT DIMENSIONS/CHARACTERISTICS SHALL BE AS FOLLOWS:

1. Exterior Structure Width _____ Ft. X Exterior Structure Length _____ Ft. = Total Area _____ Sq. Ft.
2. Type of Construction: Wood Frame Masonry Metal
3. Height or depth of structure = _____ Ft. from existing grade
4. Number of Stories _____
5. Lot Width _____ Ft. X Lot Length _____ Ft. = Lot Area _____ Sq. Ft.
6. Total impervious coverage _____ % of lot Total building coverage _____ % of lot
(COMMERCIAL ONLY)
7. Exterior Footprint (1st fl.) _____ Sq. Ft.
8. Exterior footprint (2nd fl.) _____ Sq. Ft.
9. Exterior footprint(basement) _____ Sq. Ft.
10. Attached Garage _____ Exterior Sq. Ft. Finished Basement Walkout Basement
11. Total Exterior area including garage and finished or walkout basement _____ Sq. Ft.
12. Water Supply Well (private) Sewer Service On Lot
13. No. of Bedrooms _____ No. of Bathrooms _____

E. ESTIMATED COST OF CONSTRUCTION (materials & labor) \$ _____

F. OTHER PERMITS & PLAN REQUIREMENTS: (PLEASE READ AND CHECK APPROPRIATE BOXES BELOW)

1. PLEASE ATTACH COPIES OF PERMITS FROM ALL OTHER AUTHORITIES HAVING JURISDICTION ASSOCIATED WITH THIS APPLICATION.

LMT HOP PA DOT HOP PA DEPT OF AG PA DEPT OF L&I PA DEP

Sewage Permit # (for new construction) _____

2. An erosion and sediment pollution control plan must be developed for all earthmoving associated with this building/zoning permit.

PLEASE ATTACH A COPY OF THIS PLAN WITH THE SUBMISSION OF THIS APPLICATION. THE LEHIGH COUNTY CONSERVATION DISTRICT (LCCD) MAY BE REQUIRED TO REVIEW THIS PLAN TO DETERMINE ITS ADEQUACY. AN NPDES CO-PERMITTEE LETTER MAY BE REQUIRED FROM THE LCCD PRIOR TO ISSUANCE OF A BUILDING PERMIT.

NOTE: A BUILDING PERMIT MAY NOT BE ISSUED UNTIL VERIFICATION OF THESE PERMITS/PLAN REQUIREMENTS ARE PROVIDED TO THE ZONING OFFICE.

Is this application being made by the: Property Owner? Contractor? Tenant?

Proof of, or waiver from, Workman's Compensation Insurance must be provided at time of submission.

NOTE: Submission of this application grants authorized representatives of Lower Milford Township access to this property at any reasonable time to inspect and verify the proposed use and/or structure contained within this application is in compliance with all Lower Milford Township zoning ordinances. **THE INFORMATION PROVIDED ON THIS APPLICATION BY THE APPLICANT(S)/OWNER(S) IS TRUE AND CORRECT TO THE BEST OF THEIR KNOWLEDGE AND BELIEF.**

DATE: _____ SIGNATURE OF OWNER (required): _____

DATE: _____ SIGNATURE OF APPLICANT: _____

FOR OFFICE USE ONLY

PERMIT NUMBER _____ APPLICATION NUMBER _____ ZONING APPEAL CASE _____

TOTAL FEES _____ RECEIPT NUMBER _____ CHECK NUMBER _____

APPLICATION REC'D (DATE) _____ BY _____ PERMIT ISSUED (DATE) _____ BY _____