***Lower Mifflin Township Phone & fax: (717) 776-6121***

***529 Shed Road* Email:** [**lowermifflintwp@embarqmail.com**](mailto:lowermifflintwp@embarqmail.com)

***Newville, PA 17241-9766* Website:** [**www.lowermifflintownship.com**](http://www.lowermifflintownship.com)

|  |  |  |  |
| --- | --- | --- | --- |
| Applicant’s Name | | | |
| Address | | | |
| City | State | | Zip |
| Phone | | Cell | |

|  |  |  |  |
| --- | --- | --- | --- |
| Owner’s Name (if different than applicant) | | | |
| Address | | | |
| City | State | | Zip |
| Phone | | Cell | |

**PERMIT INFORMATION:**

|  |  |  |  |
| --- | --- | --- | --- |
| Proposed Construction is: Residential Commercial Agricultural | | | |
| Site Address | | | |
| City | State | | Zip |
| Tax Parcel Number | | Zoning District | |
| Lot Size | | Septic Tank  Sand Mound  Holding Tank | |
| Water Source on Property Well  Cistern | | | |
| Setbacks  Front Yard: Side Yard: Rear: | | | |
| Cost of Project: | | | |
| ***Type of Work to be Done:***  New Construction -- size\_\_\_\_\_\_\_\_\_\_\_\_\_ Garage -- size\_\_\_\_\_\_\_\_\_\_\_\_\_ Other -- size\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Addition -- size\_\_\_\_\_\_\_\_\_\_\_\_\_ Deck -- size\_\_\_\_\_\_\_\_\_\_\_\_\_ Explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Demolition Swimming Pool -- size\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |

*Describe in Detail the work being done:*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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|  |  |  |  |
| --- | --- | --- | --- |
| Contractor Name | | | |
| Address | | | |
| City | State | | Zip |
| Phone | | Cell | |
| Certificate of Liability Insurance | | Contractor PA License # | |

***2 Copies of the completed application must be submitted by the applicant.***

Applications that are **INCOMPLETE** or do not contain ALL information requested will be rejected until the completed application is received. Permits require a 7 day review time from the date that the application is RECEIVED.

Applicant Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Office Use Only***

The proposed work does  does not  comply with the Zoning Ordinance of Lower Mifflin Twp.

Permit has been:

Approved  Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Denied  Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Remarks\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Zoning Officer Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Permit Cost $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Check Number \_\_\_\_\_\_\_\_\_\_\_\_\_ Cash Received\_\_\_\_\_\_\_\_\_\_