



1130 N. Bethlehem Pike
Spring House, PA 19477
215.646.5302

ZONING PERMIT APPLICATION

PARCEL OWNER: _____ PHONE: _____ EMAIL: _____

ADDRESS: _____

ZONING INFORMATION: Zoning District: _____ % of Current Impervious Coverage _____ % of Proposed Impervious Coverage: _____

A SITE PLAN SHOWING CURRENT SETBACKS IS REQUIRED WITH SUBMISSION - TYPE OF IMPROVEMENT:

FENCE (< 6' IN HEIGHT) **SHED (< 200 SF)** **PATIO** **WALKWAY** **RETAINING WALL (< 4 SF)** **DRIVEWAY EXTENSION (< 1,000 SF)**

OTHER: _____ **COST OF WORK:** _____

Contractor Information (current COI is required with each submission): HIC PA License # (residential work) PA#: _____

Contractor Name: _____ Business Phone: _____ Cell Phone: _____

Business Address: _____

Email: _____ LGT Contractor License # (commercial work): C- _____

Approved by Zoning Officer: _____ Date: _____