

# ZONING PERMIT APPLICATION

Stroud Township • 1211 North Fifth Street • Stroudsburg, PA 18360

Phone (570) 421-3362 • Fax (570) 421-3240

E-Mail Residential projects: [dwmanner@ptd.net](mailto:dwmanner@ptd.net) • Commercial: [smcglynn@sfmconsultingllc.org](mailto:smcglynn@sfmconsultingllc.org)

Application is hereby made for a permit in conformity with requirements of the Code of Ordinances of the Township of Stroud, including amendments. Any proposed buildings must conform with all building and energy conservation standards as mandated in the Pennsylvania Building Energy Conservation Act 222 and any all amendments thereto. The provisions of Stroud Township Ordinance No. 192, regarding water conserving plumbing fixtures must be adhered to.

## ALL BLANKS MUST BE COMPLETED

**Commercial**       **Residential**

Street Address: \_\_\_\_\_

PIN # (From Tax Bill): \_\_\_\_\_

17/ \_\_\_\_\_

Zoning District: (ie.: R-1, R-2, C-1 etc.) \_\_\_\_\_

### THE UNDERSIGNED APPLICANT HEREBY APPLIES FOR A PERMIT TO:

Project Description: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Estimated Cost: (Copy of Sales Agreement Required) \_\_\_\_\_

\$ \_\_\_\_\_

Building Area: \_\_\_\_\_

\_\_\_\_\_ square feet

Lot Area: \_\_\_\_\_

\_\_\_\_\_ square feet

Number of Signs \_\_\_\_\_

Sign Type (Ground, Wall, etc.)	Square Feet	Height

### PROPERTY OWNER INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email: \_\_\_\_\_

### APPLICANT INFORMATION (If different than owner)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email: \_\_\_\_\_

### CONTRACTOR INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email: \_\_\_\_\_

I hereby authorize the Township Staff to perform inspections related to this application as may be required between the hours of 8 AM and 5 PM. The applicant understands and agrees to comply with the Performance and Environmental Standards of the Stroud Township Zoning Ordinance, as amended. The applicant further understands that the Township has thirty (30) days to act upon this application from the date of receipt of a completed application. All information supporting this application shall become part of the records of Stroud Township, cannot be returned, and may be examined by the public at any time during the normal working hours of the Stroud Township Offices.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Print Name and Title:** \_\_\_\_\_  
(Permit will be sent to applicant)

**Property Owner's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Print Name and Title:** \_\_\_\_\_  
(If different than applicant)

- Call when permit is ready.                       Mail completed permit.

.....  
**All items below this line to be completed by Stroud Township**

Application #: \_\_\_\_\_ Submission Date: \_\_\_\_\_

Zoning Fee: \_\_\_\_\_

Building Codes Required  YES  NO                      Building Code Submitted  YES  NO