



# JERMYN BOROUGH

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**Zoning Officer – Robert Chase Phone: 570-657-1572**

## APPLICATION FOR ZONING PERMIT

**\*PLEASE COMPLETE FRONT AND BACK\***

PURPOSE OF APPLICATION: \_\_\_\_\_

\_\_\_\_\_

PROPERTY OWNER NAME: \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_

ZONE: \_\_\_\_\_ LOT SIZE: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

MAILING ADDRESS  
(IF DIFFERENT FROM ABOVE) \_\_\_\_\_

PROPOSED BUILDING OR ADDITION: SIZE \_\_\_\_\_

# OF STORIES \_\_\_ AREA (SQUARE FOOTAGE) \_\_\_\_\_

SETBACKS (IN FEET): FRONT \_\_\_ REAR \_\_\_ LEFT SIDE \_\_\_ RIGHT SIDE \_\_\_

CONTRACTOR NAME: \_\_\_\_\_

CONTRACTOR ADDRESS: \_\_\_\_\_

CONTRACTOR PHONE #: \_\_\_\_\_

OVER →

PLEASE DRAW A BIRD'S EYE VIEW SKETCH OF THE PROPOSED BUILDING OR ADDITION. INCLUDE EXISTING STRUCTURES. INCLUDE FRONT, REAR, AND SIDE SETBACKS OF THE PROPOSED STRUCTURE FROM THE PROPERTY LINE.

REAR OF PROPERTY



LEFT  
SIDE

RIGHT  
SIDE

FRONT OF PROPERTY

*\*I hereby agree to obey all of the ordinances of Jermyrn Borough.*

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE

\*\*\*\*\***BOROUGH USE ONLY**\*\*\*\*\*

APPROVED  DENIED FEE: \_\_\_\_\_ PERMIT # \_\_\_\_\_

DATE ISSUED: \_\_\_\_\_ (PERMIT GOOD FOR 1 YEAR FROM ISSUE DATE)

ZONING OFFICER SIGNATURE: \_\_\_\_\_