

# *Lower Frankford Township*

## ZONING PERMIT APPLICATION

*Lower Frankford Township*  
 1205 Easy Road  
 Carlisle, PA 17015  
 Phone # 717-243-0855  
 FAX # 717-258-4715

Email: [lowerfrankford @comcast.net](mailto:lowerfrankford@comcast.net)  
 Website: [www.lowerfrankfordtownship.com](http://www.lowerfrankfordtownship.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:	<input type="checkbox"/> Residential	<input type="checkbox"/> Commercial	<input type="checkbox"/> Agricultural
Site Address			
City	State	Zip	
Tax Parcel Number	Zoning District		
Lot Size	Septic Tank <input type="checkbox"/>	Sand Mound <input type="checkbox"/>	Holding Tank <input type="checkbox"/>
Water Source on Property	Well <input type="checkbox"/>	Cistern <input type="checkbox"/>	
Setbacks	Front Yard:	Side Yard:	Rear:
Cost of Project:			
<b>Type of Work to be Done:</b>			
<input type="checkbox"/> New Construction -- size _____	<input type="checkbox"/> Garage -- size _____	<input type="checkbox"/> Other -- size _____	
<input type="checkbox"/> Addition -- size _____	<input type="checkbox"/> Deck -- size _____	Explain _____	
<input type="checkbox"/> Demolition	<input type="checkbox"/> Swimming Pool -- size _____		

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

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

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

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.

Land Owner Signature \_\_\_\_\_

Date \_\_\_\_\_

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***Office Use Only***

The proposed work does  does not  comply with the Zoning Ordinance of Lower Frankford Township.

Permit has been:

Approved

Date \_\_\_\_\_

Denied

Date \_\_\_\_\_

Remarks \_\_\_\_\_

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

Date \_\_\_\_\_

Permit Cost \$ \_\_\_\_\_

Check Number \_\_\_\_\_

Cash Received \_\_\_\_\_