APP #_____

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
Website: 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:	☐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:	Left Side Yard:	Right 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:*_____

_____

_____

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 _____

Office Use Only

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

Floodplain Determination yes ☐ no ☐

Base Flood Elevation _____ Cost of Improvement $_____

Market Value of Structure $_____ Improvement Percentage _____%

Permit has been:

Approved ☐ Date_____

Denied ☐ Date_____

Remarks_____

_____

Zoning Officer Signature_____

Date_____

Permit Cost $_____ Check Number _____ Cash Received_____