***Lower Frankford Township***

***1205 Easy Road* Email: lowerfrankford @comcast.net**

***Carlisle, PA 17015* Website:** [**www.lowerfrankfordtownship.com**](http://www.lowerfrankfordtownship.com)

**Phone # 717-243-0855**

**FAX # 717-258-4715**

|  |
| --- |
| 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: 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.

Property Owner Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***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\_\_\_\_\_\_\_\_\_\_