

**BOROUGH OF ABBOTTSTOWN  
4 WEST WATER STREET, P.O BOX 474  
ABBOTTSTOWN, PA 17301  
PHONE NO. 717-259-0965  
FAX NO. 717-259-6213**

**ZONING/LAND USE PERMIT  
GOOD FOR ONE (1) YEAR FROM DATE OF ISSUE**

1. PERMIT NO. \_\_\_\_\_ DATE OF APPLICATION: \_\_\_\_\_
2. NAME OF APPLICANT (AS ON DEED): \_\_\_\_\_
3. ADDRESS OF APPLICANT: \_\_\_\_\_
4. ADDRESS OF PROPERTY: \_\_\_\_\_ LOT/PARCEL#: \_\_\_\_\_
5. MUNICIPALITY WHERE PROPERTY IS LOCATE: \_\_\_\_\_ LOT/PARCEL SIZE: \_\_\_\_\_
6. IMPROVEMENTS: \_\_\_\_\_ NEW CONSTRUCTION: \_\_\_\_\_ ADDITION \_\_\_\_\_ ALTERATION \_\_\_\_\_
7. NEW CONSTRUCTION \_\_\_\_\_ NUMBER OF STORIES \_\_\_\_\_ BEDROOMS \_\_\_\_\_ BATHS \_\_\_\_\_

INTENDED USE	SIDING	ROOF
_____ RESIDENTIAL	_____ MASONARY	_____ ASPHALT SHINGLE
_____ COMMERCIAL	_____ WOOD	_____ WOOD
_____ INDUSTRIAL	_____ ALUMINUM	_____ METAL
_____ OTHER (SPECIFY) _____	_____ OTHER (SPECIFY) _____	_____ OTHER (SPECIFY) _____

8. DIMENSIONS OF PROPOSED IMPROVEMENT: \_\_\_\_\_
9. SEWAGE DISPOSAL SYSTEM: \_\_\_\_\_ PUBLIC \_\_\_\_\_ PRIVATE \_\_\_\_\_ NONE REQUIRED
10. SEWAGE DISPOSAL PERMIT NO. OR PUBLIC SEWER CONNECTION PERMIT NO.: \_\_\_\_\_
11. NAME OF SEWAGE ENFORCEMENT OFFICER OR PUBLIC SEWER SYSTEM: \_\_\_\_\_
12. ESTIMATED VALUE OF IMPROVEMENT: \$ \_\_\_\_\_
13. I HEREBY CERTIFY THAT TO THE BEST OF MY KNOWLEDGE, THE ABOVE FACTS ARE TRUE AND UNDERSTAND THAT IN THE EVENT OF FALSIFICATION, I CAN BE SUBJECT TO FINE.

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

\_\_\_\_\_  
APPROVED: ZONING OFFICER

\_\_\_\_\_  
DATE

**FEES: \$35.00 FOR THE FIRST \$5000.00 IN VALUE OF IMPROVEMENT AND \$1.00 FOR EVERY \$1,000.00 OVER \$5,000.00.**

PERMIT FEE \$ \_\_\_\_\_  
INSPECTION FEE \$ \_\_\_\_\_

HOW PAID \_\_\_\_\_  
HOW PAID \_\_\_\_\_

RECEIVED BY: \_\_\_\_\_  
RECEIVED BY: \_\_\_\_\_

