

JACKSON TOWNSHIP
ZONING PERMIT APPLICATION

APPLICANT _____ TELEPHONE NO. _____

ADDRESS _____

CONTRACTOR _____ TELEPHONE NO. _____

ADDRESS _____

PERMIT REQUESTED FOR: NEW CONSTRUCTION _____ ADDITION _____ FILL _____

ZONING _____ SIGNS _____ OTHER _____

LIST EXISTING TYPE OF SEWAGE DISPOSAL METHOD AND YEAR INSTALLED OR PERMIT
NUMBER OF APPROVED SYSTEM YET TO BE INSTALLED

CONSTRUCTION LOCATION

BRIEF DESCRIPTION OF PROPOSED PROJECT (including distance from property lines)

SQUARE FOOTAGE OF PROJECT _____ COST OF PROJECT _____

THE ABOVE INFORMATION IS CORRECT AND TRUE _____

Sign and Date

Send Application with payment to Zoning Officer: Chris Bower
P.O. Box 374, Millville, PA 17846 phone: (570) 458-0316

Make checks payable to: Jackson Township phone: (570) 925-2401

DATE RECEIVED _____ PERMIT NO. _____ ZONING DISTRICT _____

PERMIT FEE _____ APPROVED _____ DATE _____ FINAL INSPECTION _____