

Mount Carmel Township

300 Laurel Street,
Mount Carmel, PA 17851
Phone: (570) 339-1287

Date Received: _____

Zoning Permit Application

Residential (*circle one*) single-family detached duplex semi-detached row-home / townhouse
Multi-Family (# of units _____)

Commercial Existing use: _____ Proposed Use: _____

Project Type: (most projects will also require a Building Permit from TRI-COUNTY COG)

- New Dwelling Addition Renovation Deck (above 30") Deck (below 30") Fence
- Detached Garage Pool (___ Above Ground ___ In-Ground ___ Storable) Shed Patio
- Home Occupation Driveway Retaining Wall (Height _____) Demolition Solar Project
- Change of Use - Previous Use: _____ Proposed Use: _____
- Other: (explain) _____

Project Description: _____

Project Address: _____

Applicant Name: (Print Clearly) _____

Mailing Address: _____ City _____ State _____ Zip _____

Phone: _____ Email: _____

Project Cost: _____ **Dimensions:** _____ **Total Square Footage:** _____

Signature

Date

Contractor Information*

**Attach a Certificate of Liability Insurance listing Mount Carmel Township as additional insured.*

Contractor Name: _____ State Registration # _____

Owner Information: (*if different from applicant*)

I am the owner of this property and I am assuming all insurance responsibility for this permit.

Owner Name: _____ Cell Phone # _____

Owner's Address: _____ City _____ State _____ Zip _____

Owner's Signature: _____

PLEASE NOTE: 2 copies of detailed site plans showing location of existing structures and proposed structures including distances to all property boundary lines and street right-of-ways.

Zoning Officer Signature: _____

Approved Denied

Date: _____

Permit # _____