

The Borough of Coopersburg

5 N Main St

Coopersburg, PA 18036

610-282-3307 FAX 610-282-4668

APPLICATION FOR ZONING PERMIT

**This application is for compliance with Borough Zoning Regulations only,
it is NOT a Building Permit Application.**

I. Property Information

Address: _____ Zoning District: _____

Owner: _____ Telephone: _____

Current Business Name: _____

II. Proposed Project Information: Attached Map must be completed by applicant

Type of Project: New Building _____ Addition _____

Deck _____ Swimming Pool _____ Accessory Structure _____

Accessory Use _____ Type of Accessory Use _____

Other _____

Project location on property: Front yard _____ Side yard _____ Rear yard _____

Parking Spaces provided _____

-Borough Use Only-

Will this proposed project require a building permit? Yes _____ No _____

Is this use permitted in this district? Yes _____ No _____

Zoning District Area Regulations

Lot Area _____ Width _____

Building Area _____ Impervious Surface _____

Front Yard _____ Side Yard _____ Rear Yard _____

Parking Spaces Required _____

Previous Variances: Yes _____ No _____ If yes, when? _____

For what? _____

Is a variance required for this project/use? Yes _____ No _____

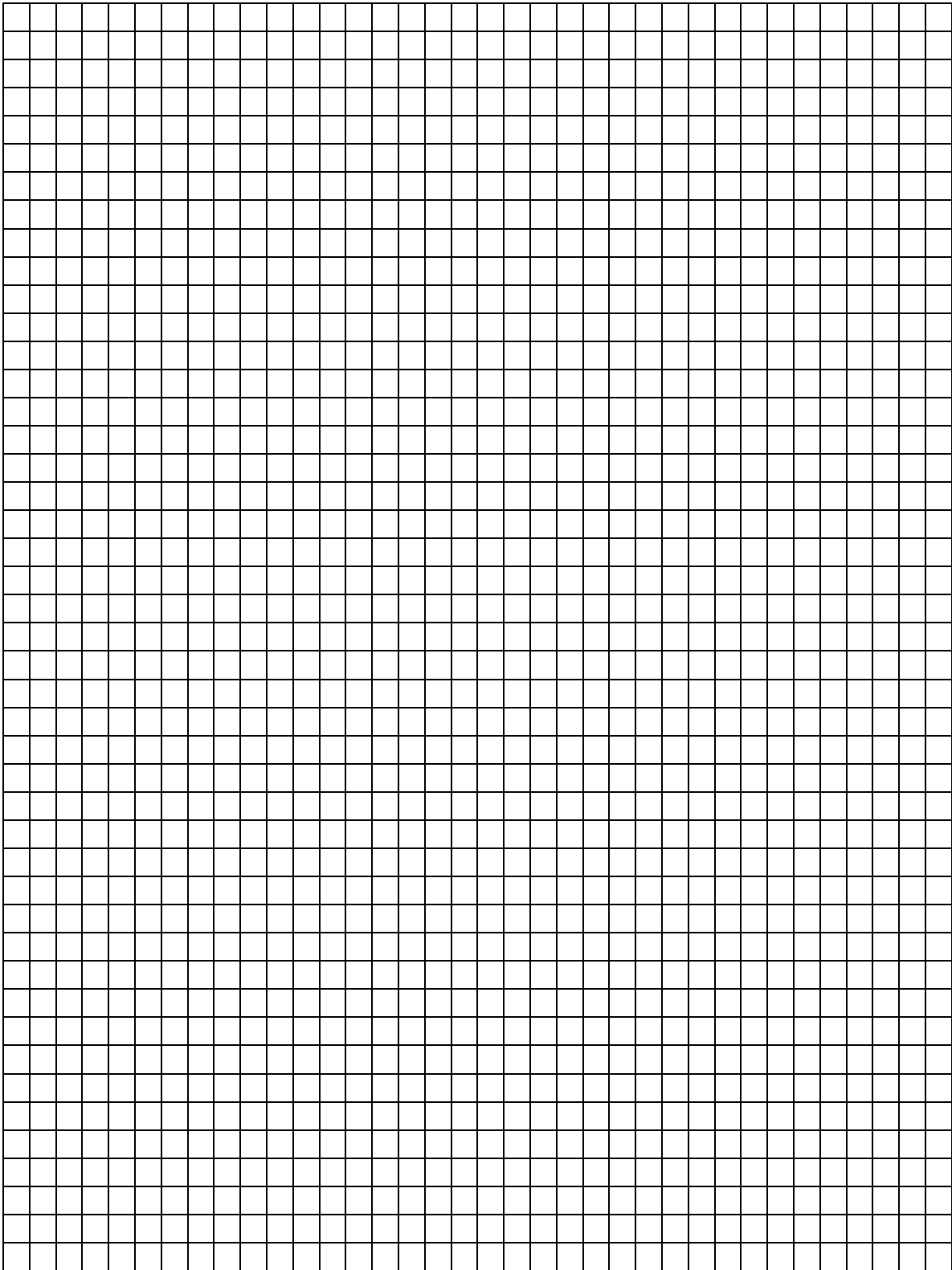
Permit Decision

Date: _____ Granted _____ Permit No. _____

Denied _____ Reason _____

Zoning Officer

SITE or PLOT PLAN - FOR APPLICANTS USE



Scale = 1 inch = _____ feet

USE AND OCCUPANCY PERMIT