



MIDDLE SMITHFIELD TOWNSHIP
147 MUNICIPAL DRIVE
EAST STROUDSBURG, PA 18302
570-223-8920 FAX: 570-445-3720

APPLICATION FOR ZONING PERMIT
FENCE

ALL SECTIONS MUST BE COMPLETED

1. Applicants Name: _____
Mailing Address: _____
Phone Number: _____
Email: _____
2. Property Owner's Name: _____
Mailing Address: _____
Phone Number: _____
3. Relationship between applicant and owner (if not the same): _____
(Applicant is purchaser under agreement of sale* or tenant* or agent of owner*, etc....)
4. Property Identification Number (PIN): 0973 _____
5. Street Address of Property: _____
6. Type of Fence (material, height): _____
7. Estimated Start Date _____ Estimated Date of Completion _____
8. Estimated Cost of : \$ _____
9. Does This Property Contain Flood Plain? _____
10. Does This Property Contain Wetlands? _____
11. Does this property contain protected environmental resources such as steep slopes, forested areas, or bodies of water? _____ If so, list: _____
12. Is property subject to deed restrictions/easements or HOA restrictions? _____
If so, list: _____

ATTACH THE FOLLOWING:

- Copy of Deed
- Site plan drawn to scale showing the following:
 - Actual Dimensions and Shape of Lot
 - Location of all structures on the property (including well, septic & accessory structures)
 - Location and height of proposed fence in relation to property lines and structures.

Applicant hereby authorizes members of Township Boards, staff and representatives to enter the lands proposed for site inspections, if necessary.

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his/her authorized agent and we agree to conform to all applicable laws of this jurisdiction.

Signature of Applicant: _____ Date: _____