



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

APPLICATION FOR ZONING PERMIT

SIGN

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. PIN Number: _____
5. Attach Copy of Deed.
6. Street Address of Property: _____
7. Zoning classification of property: _____ of adjoining property _____
8. Type of Construction Material: _____
9. Estimated Start Date _____ Estimated Date of Completion _____
10. Estimated Cost of Construction or Alteration: \$ _____
11. Attach site layout drawn to scale indicating the following:
 - A. Actual Dimensions and Shape of Lot
 - B. Location dimensions and height of proposed sign in relation to property lines and structures including well & septic.
12. Does This Property Contain Flood Plain? _____
13. Does This Property Contain Wetlands? _____
14. Does this property contain protected environmental resources such as steep slopes, forested areas, or bodies of water? _____ If so, list: _____
15. Is property subject to deed restrictions/easements or HOA restrictions? _____
If so, list: _____

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: _____