

BROOKHAVEN BOROUGH

Two Cambridge Road, Suite 100
Brookhaven, Pa 19015-1708
Phone : 610-874-2557
Fax : 610-874-2612

APPLICATION FOR ZONING PERMIT

Please print clearly

Date: _____

Location of Property:

(lot no.) (house no.) (street or road) _____

Owner: _____ Phone# _____

Cell# _____ Fax# _____

Mailing Address: _____

Email: _____

Principal Contractor: _____ Phone# _____

Cell# _____ Fax# _____

Mailing Address: _____

Email: _____

Current Use of Property:

Is the property or the current use non-conforming? If so, please describe such non-conformity, indicate date of commencement, and state whether non-conformity is proposed to be expanded or changed.

Proposed Building, Structure or Use:

Zoning District:

Note: Compliance with Brookhaven Borough's Stormwater Management Ordinance is Required

Characteristics: On-lot septic Public sewer Well Public water

Is the site within an identified flood hazard area? Yes No

Will any portion of the flood hazard area be developed? Yes No

(If yes, Owner/Agent shall verify any proposed construction or development activity complies with requirements of the National Flood Insurance Program & the PA Flood Plain Management Act 166 of 1978, specifically Section 60.3

Lowest Floor Elevation:

Describe any proposed mechanical, plumbing, HVAC or other systems to serve proposed building or structure:

Attach plot plan with exact size & location of any buildings/structures existing & proposed, setback lines within which proposed building/structure is to be erected/altered & location of any existing easements or right of ways

Signature of Owner or Authorized Agent _____ Date _____

Borough of Brookhaven Use Only - Do Not Write Below This Line

Borough Zoning Permit Fee \$50.00 Approved Denied

Additional Permits / Approvals Required For This Project: _____ Date Approved / Provided: _____

<input type="checkbox"/>	PA DEP-wetlands, stream crossing, etc	
<input type="checkbox"/>	Brookhaven Borough Plumbing Permit	
<input type="checkbox"/>	Brookhaven Borough Electrical Permit	
<input type="checkbox"/>	Brookhaven Borough Stormwater Management Permit	
<input type="checkbox"/>	Brookhaven Borough Building Permit	

PLOT PLAN

BUILDING PERMIT# _____ DATE _____

ADDRESS _____

LOT DIMENSIONS _____

OWNER OF LAND _____

ZONING DISTRICT _____

