

# MALVERN

## Application for Zoning Permit

*Borough*

Fee: \$75.

Zoning District: \_\_\_\_\_

Parcel #: \_\_\_\_\_

The Owner hereby makes application to: (circle one)

Construct

Alter

Demolish

Add

Type of Occupancy (Circle one)

Single-Family Residential

Multi-Family Residential

Commercial

Institutional

Industrial

Property Address: \_\_\_\_\_

Lot Area: \_\_\_\_\_

Present Building Coverage: \_\_\_\_\_

Proposed Building Coverage: \_\_\_\_\_

Present Lot Coverage: \_\_\_\_\_

Proposed Lot Coverage: \_\_\_\_\_

Building Height: \_\_\_\_\_

Number of Stories: \_\_\_\_\_

Front Yard Depth: \_\_\_\_\_

Front Yard Width: \_\_\_\_\_

Rear Yard Depth: \_\_\_\_\_

Rear Yard Width: \_\_\_\_\_

Side Yard Width: \_\_\_\_\_

Side Yard Width: \_\_\_\_\_

Floor Area of Accessory Structure: \_\_\_\_\_

# of Parking Spaces: \_\_\_\_\_

Sidewalk Dimensions: \_\_\_\_\_

Printed name of Owner: \_\_\_\_\_

Printed Name of Applicant: \_\_\_\_\_

Address of Applicant: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Planning Commission Approval Required: \_\_\_\_\_ Yes \_\_\_\_\_ No

Code Department Approval: \_\_\_\_\_ Yes \_\_\_\_\_ No

(If No-Why?)

Date of Approval: \_\_\_\_\_ Code Officer's Signature: \_\_\_\_\_

The information provided by the applicant named on this document is true and correct to the best of his/her knowledge. Falsified information will result in the revocation of the Zoning Permit and appropriate legal action as is provided by Commonwealth Law

Signed this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
Signature

**NOTE: Site plans must accompany application.**