



1 E First Ave., Ste 3
Malvern, PA 19355

Zoning Permit Application

Date: _____ Permit Number: _____ Fee: _____ (\$75.00 - with application)
Property Location: _____ UPI: _____ Zoning: _____
Owner: _____ Phone: _____
Owner Address: _____
Owner Email: _____
Applicant: (if different) _____ Phone: _____
Applicant Address: _____
Applicant Email: _____

The Owner / Applicant hereby applies to: (Check One)

Construct: ___ Alter: ___ Demolish: ___ Add: ___ Change Use of: ___
Description: _____

Current Use of Property: Residential: ___ Commercial: ___ Industrial: ___ Nonconforming: ___
Proposed Use: Residential: ___ Commercial: ___ Industrial: ___ Nonconforming: ___

Type of Occupancy (Check One)

Single-Family Residential: ___ Multi-Family Residential: ___ Commercial: ___
Institutional: ___ Industrial: ___ Nonconforming: ___

Size of Lot: _____ sf

Present Building Coverage: _____ sf Proposed Building Coverage: _____ sf
Present Lot Coverage: _____ sf Proposed Lot Coverage: _____ sf

Note: Lot Coverage is Total of Building Coverage plus all other cover, such as driveways, parking lots, decks, patios, uncovered porches, walkways, etc. An increase of 400 sf of impervious coverage (whether Building or Lot) requires Stormwater Management!

Building Height: _____ ft Number of Stories: _____ ft
Front Yard Depth: _____ ft Front Yard Width: _____ ft Rear Yard Depth: _____ ft Rear Yard Width: _____ ft
Side Yard Width: _____ ft Side Yard Width: _____ ft Corner Lot?: _____ (yes or no)
Floor Area of Accessory Structure: _____ sf Number of Parking Spaces: _____
Sidewalk Dimensions: _____

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

Signature of Owner _____ Date: _____
Signature of Applicant (if different): _____ Date: _____

Planning Commission Approval Required: Yes ___ No ___
Approved: Yes ___ No ___ Code Officer's Signature: _____ Date: _____
If No – Appropriate Zoning Hearing Board Application Provided: Yes: ___

NOTE: Site plans must accompany application if required or application will not be accepted!