

UNION TOWNSHIP ZONING APPLICATION

Please complete ALL sections prior to submission

PROJECT INFORMATION:

Property Location: _____

Tax Parcel ID: _____

Owner: _____

Phone: _____ Email: _____

Address: _____

Contractor: _____

Contractor Phone: _____

Proposed Work: _____

Proposed Use of Structure: _____

LOT/LAYOUT INFORMATION: Proposed Front Setback _____

Proposed Rear Setback _____ Proposed Side Setback _____

Proposed Height _____ Size (Sq Ft) _____

OFFICE USE ONLY
Required Front Setback
Required Rear Setback
Required Side Setback

USE: Residential _____ Non-Residential/Commercial _____

ZONING PERMIT FEES: Residential \$150.00 Non-Res/Commercial \$300.00

Signature _____ Date _____

CHECK# _____ **DATE RCV'D** _____ **RCV'D BY** _____