



ZONING PERMIT APPLICATION

Lemoyne Borough, Cumberland County, Pennsylvania

Date Issue _____ 20 _____ Permit Number _____

Applicant Name _____

Applicant Address _____

Phone _____ Email _____

Project Address _____

Estimated Cost of Project _____

Description of Work (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> New Construction | <input type="checkbox"/> Additions |
| <input type="checkbox"/> Fences | <input type="checkbox"/> Sheds (< 1,000 S.F.) |
| <input type="checkbox"/> Pools (>24" Depth) | |
| <input type="checkbox"/> Home Occupation permit (attach documents) | |
| <input type="checkbox"/> New Use (attach documents) | |
| <input type="checkbox"/> Other (specify) _____ | |

****Dimensional Plot Plan must be attached showing property boundaries, proposed work, building setbacks, impervious coverage and existing structures (see attached Sample Plot Plan)***

EXISTING

PROPOSED

_____	Property Use	_____
_____	Number of Families	_____
_____	Number of Stories	_____
_____	Square Footage	_____
_____	Material	_____
_____	Construction Type	_____
_____	Number of Parking Spaces	_____

Contractor Name _____

Contractor Address _____

Contractor Phone _____ Contractor Fax _____

Contractor Email _____

Engineer/Surveyor Name (if applicable) _____

Engineer/Surveyor Address _____

Engineer/Surveyor Phone _____ Engineer/Surveyor Fax _____

Engineer/Surveyor Email _____

Lessee Name (if applicable) _____

Lessee Address _____

Lessee Phone _____ Lessee Fax _____

Lessee Email _____

☐ Sidewalk Café Permit
(Annual - Per Adopted Ordinance) - \$50.....

☐ Zoning Permit

- includes accessory structures less than 1000 sq. ft., fences, driveways, change of views, swimming pools, and modifications to building or structures - \$35.....

- New principal building or structure - \$100.....

- To extend, enlarge or change non-conforming use or structure - \$100.....

☐ Zoning Compliance Statement - \$50.....

☐ Home Occupation - \$100.....

☐ Conditional Use for
Wireless Service (cell tower) - \$500.....

(Plus Lemoyne technical consulting fee)

☐ Adult Business Use
(sexually oriented and/or Massage Parlors) \$500.....

Signature of Applicant _____

Date _____ 20____

(For Borough use only below this line)

Fee \$_____ Check No. _____

Fee Received By _____ Date _____ 20____

Zoning Permit Application Number _____