

Application for Zoning Verification Letter

Fee: \$75

<p>*OFFICE USE ONLY* PAYMENT INFO</p> <p>AMOUNT: _____</p> <p>CHECK #: _____</p> <p>DATE: _____</p> <p>REC'D BY: _____</p>	<p>BOROUGH OF STROUDSBURG 700 SARAH STREET STROUDSBURG, PA 18360 Phone (570) 421-5444 Fax (570) 421-2690 www.StroudsburgBoro.com</p>	<p><input type="checkbox"/> ZONING USE INSPECTION IS REQUESTED.</p> <p>REQUIRES FULL, NON- REFUNDABLE PAYMENT AT TIME OF SUBMISSION.</p>
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I. PROJECT IDENTIFICATION AND LOCATION

Address of Property: _____	Unit/Suite #: _____
Monroe County Property Tax ID #: 1873 _____	

II. PLEASE CHECK ALL THAT APPLIES TO YOUR SPECIFIC REQUEST

- Current zoning of the property?
- What zoning district is the property located in?
- Is the current use of the property in compliance with the existing zoning ordinance?
- Is the property part of a specific area plan, if so is the designation in the area plan?
- Is the site in compliance with the applicable zoning ordinance?
- Are there any legal non-conforming uses occurring on the site?
- In case of destruction can the structure be rebuilt?
- Are there any unresolved zoning/building code violations on record?
- What are the zoning districts of the abutting properties surrounding the subject site?
- Have any Variances/Special Exceptions/Conditional Uses approvals been granted for the property?
- Applicable building setbacks for the property?
- Allowable building height for the property?
- Allowable lot coverage of the zoning lot?
- Applicable open space requirements of the zoning lot?
- Applicable off-street parking requirements for the property?
- Other: _____

III. APPLICANT INFORMATION

Applicant's Name: _____	
Applicant's Mailing Address: _____	
Applicant's Phone: _____	Mobile Phone: _____
Applicant's E-mail: _____	
Applicant's Signature: _____	Date: _____

IV. APPROVAL

Zoning Officer Signature: _____	Date: _____
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