SALFORD TOWNSHIP

NO.	.,,,		DATE:			**************************************			
APPLICANT			BUILDER						
ADDRESS			ADDRESS						
PHONE			PHONE						
OWNER			TAX PARCEL NUMBER:						
ADDRESS			BLOCK	UNIT	INIT				
			SUBDIV #						
PHONE			LOT #	(IF APPLICABLE)					
110112			JUL IF		(IF APPLICABLE)				
ONING DISTRICT		<i>~</i> €		.					
ONING DISTRICT		SE	WAGE PERMIT #	LOT SIZE					
			- 10 TOOL PM	FT	ACRES				
SE OF BUILDING:	NEW		ADDITION						
HANGE OF USE:	PRESENT US	SE.							
	NEW USE				,				
HIRD PARTY INSPE	CTOR:								
MPERVIOUS SURFA	CE CALCULA	rions:							
					·				
				•					

SALFORD TOWNSHIP

NO.		, ,	TAX PARCE	EL ID:	,	. ,		
TYPE OF BUILDING	AND DESCE	TDTTON. DE	EDDOOMS	DATTIC	* A CT	KII V DAA		
TPE OF BUILDING	AND DESCR	CEPTION; DE	CMOONG	BATH\$	PAN	MILY ROC)IVI	-
GARAGEAT	TIC	_KITCHEN_	LIVIN	IG ROOM	DII	NING ROO	MC	
THER								<u> </u>
OUTSIDE DIMENSIC	V PM	דיד	FIRST FLOC)R	v			דייי
- CIBIDE DIMENSIC	/// // // // // // // // // // // // //							rı.
			SECOND FL	OOR	X			FT.
			OTH	ER				
TTACHED-PLOT PL	AN OF LOT_	with	SITE PLANS	SETS C	F BUIL	DING PL	ANS	
certify that the info						•		
nat all provisions an								
ubdivision and Land								
hether or not speci	ied herein. 1	will notify t	he zoning off	icer within ten (10) day	ys after p	roject	completion.
ESTIMATED C	OST OF PROJ	JECT						
\$	•••		** 11111	APPLIC	ANT'S	SIGNATU	JRE	
ased upon informat	ion contained	l herein, and	upon condit	ion that all appli	icable (Ordinance	s and	
egulations are comp	lied with, pe	rmission is h	ereby grante	ed to perform the	e above	e constru	ction.	Nothing
ontained herein is to	be construe	d as conferr	ing any liabil	ity whatever upo	on Salfo	ord Towns	ship or	any
fficial or agent there	of.							
ERMIT APPLICATI	ON COMPLE	TION DATE						
ERMIT FEE:		ZONING OFFICER'S SIGNATURE						
SQ. FT. @	=======================================		•	OPY TO APPLI	CANT	YES	NO	
EE RECEIVED BY:		·			1	DATE:		
ased upon informati	on supplied l	oy applicant	and site visit	, the above proj	ect loca	ation conf	forms v	vith the
et-back requirement								
ATE								
		ZONING OFFICER'S SIGNATURE						
ased upon informati	on supplied b	y applicant	and site visit	, above project	upon co	ompletion	ı, has t	een
und to be complete	in conformit	y with the in	formation co	ntained herein.		· · · · · · · · · · · · · · · · · · ·	***************************************	
ATE								
		ZONING OFFICER'S SIGNATURE						
								· · · · · · · · · · · · · · · · · · ·
	•							