

ZONING PERMIT

**SALFORD
TOWNSHIP**

TYPE OF BUILDING AND DESCRIPTION: BEDROOMS _____ BATHS _____ FAMILY ROOM _____	
GARAGE _____ ATTIC _____ KITCHEN _____ LIVING ROOM _____ DINING ROOM _____	
OTHER	
OUTSIDE DIMENSIONS _____ x _____ FT	FIRST FLOOR _____ x _____
	SECOND FLOOR _____ x _____
OTHER	
ATTACHED-PLOT PLAN OF LOT _____ WITH SITE PLANS _____ SETS OF BUILDING PLANS _____	
I certify that the information herein contained is true and correct to the best of my knowledge. I agree that all provisions and regulations of the Salford Township Zoning Ordinance and Salford Township Subdivision and Land Development Ordinance will be complied with in the proposed construction, whether or not specified herein. I will notify the zoning officer within ten (10) days after project completion.	
ESTIMATED COST OF PROJECT	
\$ _____	↗ APPLICANT'S SIGNATURE
Based upon information contained herein, and upon condition that all applicable Ordinances and Regulations are complied with, permission is hereby granted to perform the above construction. Nothing contained herein is to be construed as conferring any liability whatever upon Salford Township or any official or agent thereof.	
DATE	
PERMIT FEE:	ZONING OFFICER'S SIGNATURE
_____ SQ. FT. @ _____ = _____	COPY TO APPLICANT YES NO
FEE RECEIVED BY:	
Based upon information supplied by applicant and site visit, the above project location conforms with the set-back requirements contained herein.	
DATE	
	ZONING OFFICER'S SIGNATURE
Based upon information supplied by applicant and site visit, above project upon completion, has been found to be complete in conformity with the information contained herein.	
DATE	
	ZONING OFFICER'S SIGNATURE