

# Lehman Township Zoning Office

P.O. Box 140 Lehman, Luzerne County, PA 18627  
Phone (570) 675-8224 / Fax – 570-675-8409  
James Welby, Zoning Officer

Submission date: \_\_\_\_\_  
App. Fee: \$ \_\_\_\_\_  
Payment: \_\_\_\_\_  
Permit #: \_\_\_\_\_

## Lehman Township Board of Supervisors

David H. Sutton, Chairman  
Raymond Iwanowski, Vice Chairman  
Douglas W. Ide, Roadmaster

Alvin L. Cragle, Secretary/Treasurer  
M. Jack Haley, Esquire Solicitor

### ZONING PERMIT APPLICATION

1. ADDRESS/LOCATION OF PROPERTY:

\_\_\_\_\_

\_\_\_\_\_

PIN NUMBER: \_\_\_\_\_ DEED/RECORD BOOK AND PAGE: \_\_\_\_\_

2. ZONING DISTRICT: \_\_\_\_\_ ( A-1, R-1, R-2, S-1, B-1, B-2, C-1, or I-1)

3. APPLICANTS NAME/ADDRESS AND TELEPHONE NUMBERS:

\_\_\_\_\_

\_\_\_\_\_

Telephone Numbers, Day: \_\_\_\_\_ Evening: \_\_\_\_\_

4. OWNER'S NAME/ADDRESS AND TELPHONE NUMBER (IF NOT APPLICANTS):

\_\_\_\_\_

\_\_\_\_\_

Telephone Numbers: Day: \_\_\_\_\_ Evening: \_\_\_\_\_

5. APPLICATION IS HEREBY MADE TO: (CHECK APPROPRIATE ITEM)

- \_\_\_\_ USE OF LAND WITHOUT ANY STRUCTURE  
\_\_\_\_ ERECT A STRUCTURE  
\_\_\_\_ ADDITION TO AN EXISTING STRUCTURE  
\_\_\_\_ CHANGE USE OF A STRUCTURE  
\_\_\_\_ OTHER:(EXAMPLE-DECK, SHED, FENCE, CARPORT, etc.)

6. PROVIDE A DESCRIPTION OF THE ITEM CHECKED UNDER ITEM NO.5:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Size of structure: L: \_\_\_\_\_ W: \_\_\_\_\_ H: \_\_\_\_\_ Square Feet: \_\_\_\_\_

7. SIZE OF LOT:

\_\_\_\_\_ Width \_\_\_\_\_ Depth \_\_\_\_\_ Acres/Square Feet

Cost of project: \$ \_\_\_\_\_

8. LOCATION OF STRUCTURE/USE ON LOT:

\_\_\_\_\_ Feet To Front Yard Property Line

\_\_\_\_\_ Feet To Rear Yard Property Line

\_\_\_\_\_ Feet To Side Yard Property Line

\_\_\_\_\_ Feet To Side Yard Property Line

*\*\*\*\*\*DRAWING OR SKETCH REQUIRED, attach a plan, show Length & wide of lot and size of build with distance from structure to each property line.*

9.

\_\_\_\_\_  
(Signature of Applicant) (Date)

\_\_\_\_\_  
(Signature of Owner) (Date)

10. ZONING OFFICE REVIEW: Approved: \_\_\_\_\_ Denied: \_\_\_\_\_

\_\_\_\_\_  
(Signature of Zoning Officer) (Date)

**\*\*Application Fee: \$ \_\_\_\_\_ Cash: \_\_\_\_\_ Check: \_\_\_\_\_ Check #: \_\_\_\_\_ Date paid: \_\_\_\_\_ \*\***  
**Checks payable to: Lehman Township**

11. If Permit is denied, note the applicable Sections of the Lehman Township Zoning Ordinance on which the denial is based below:

\_\_\_\_\_

12. A copy of the Lehman Township Zoning Officer's letter of denial shall be attached to this Zoning Permit Application.

OTHER/Comments: \_\_\_\_\_

(Zoning Officer) Building permit need from Codes: \_\_\_\_\_

Resolution No. 041700 (Rev. 12/5/17)  
JJW