

**ZONING PERMIT APPLICATION**  
**BOROUGH OF NEWVILLE**  
**CUMBERLAND COUNTY, PENNSYLVANIA**

PLEASE COMPLETE ALL REQUIRED INFORMATION AS ACCURATELY AS POSSIBLE. YOUR APPLICATION MUST BE SIGNED TO BE ACCEPTABLE. APPLICATIONS SHOULD BE RETURNED TO THE NEWVILLE BOROUGH OFFICE, 4 WEST STREET, NEWVILLE, PA., 17241. AFTER YOUR APPLICATION HAS BEEN REVIEWED AND APPROVED BY THE ZONING OFFICER, YOU WILL BE NOTIFIED THAT YOUR PERMIT IS AVAILABLE AT THE BOROUGH OFFICE. YOU WILL ALSO BE ADVISED AS TO THE COST OF THE PERMIT, WHICH IS DUE UPON RECEIPT OF YOUR BUILDING PERMIT. PLEASE MAKE YOUR CHECKS PAYABLE TO : "THE BOROUGH OF NEWVILLE".

APPLICANT INFORMATION:

NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

PROPERTY INFORMATION:

LOCATION OF PROPERTY: \_\_\_\_\_

ZONING DISTRICT: \_\_\_\_\_ TYPE OF STRUCTURE: \_\_\_\_\_

OWNER'S NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

PARCEL # \_\_\_\_\_

DESCRIPTION OF WORK:

DESCRIBE ALL WORK TO BE COVERED BY THIS PERMIT: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TOTAL VALUE OF WORK PROPOSED: \$ \_\_\_\_\_ START DATE: \_\_\_\_\_ END DATE: \_\_\_\_\_

CONTRACTOR INFORMATION:

NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

APPLICANT SIGNATURE:

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

ZONING OFFICER APPROVAL: \_\_\_\_\_ DATE: \_\_\_\_\_

PERMIT FEE \$ \_\_\_\_\_ RECEIVED ON: \_\_\_\_\_

PERMIT No. \_\_\_\_\_ APPROVED: \_\_\_\_\_ DISAPPROVED: \_\_\_\_\_

DATE OF INSPECTION: \_\_\_\_\_ PERMIT EXPIRATION DATE: \_\_\_\_\_

See Reverse Side for Other Information and Conditions of this Permit