

**LEACOCK TOWNSHIP
ZONING AND BUILDING PERMIT**

Township Office _____ Date _____
3545 W. Newport Rd. Phone 717-768-8585
PO Box 558 Fax 717-768-8471 UCC File # _____
Intercourse, PA 17534 e-mail: staff@leacocktwp.com Twp. File # _____

Applicant (if not owner) _____ Phone # _____

Contractor (if applicable) _____ Phone # _____

Address _____ PA # _____

Property Owner _____ Phone # _____

Street Address _____ PO Box _____

PO Address _____ Zip Code _____

Account _____ **(Permit Valid for One Year)**

Location of Property _____

Subdivision (if applicable) _____ Lot # _____

Zoning District _____

Type of Permit _____ # Of Dwelling Units _____

Main Structure _____ ft. wide _____ ft. long _____ ft. high _____ sq. ft. (all floors)

Accessory Bldg. _____ ft. wide _____ ft. long _____ ft. high _____ sq. ft. (all floors)

Structure Description/Use _____

Remarks _____

Estimated Cost \$ _____ Permit Fee \$ _____ Check # _____

Required Setbacks Principal Bldg. Front _____ Side _____ Side _____ Rear _____

Accessory Bldg. Front _____ Side _____ Side _____ Rear _____

Applicant shall be responsible for required setbacks from property lines

Township Zoning Official _____

Foundation Date _____ By _____

Final Inspection _____

Data Entry _____

TO LCAO _____

Inspection Remarks (if any) _____

Keep This Copy on Premises for Township and/or Code Inspections