BURLEIGH TOWNSHIP
ZONING PERMIT

No_____ Date_____20_____

Name_____

Address_____

Telephone No_____

Property Location_____ Between_____ And_____

Proposed Building_____ Sq. Ft._____ Use_____

Lot Size_____ Set Backs – Front Yard_____ Rear Yard_____

Side Yard_____ Side Yard_____ Septic Permit No_____

FEE_____$25.00_____ I hereby certify that the forgoing application meets all the requirements of the Burleigh Township Zoning Ordinance

Signed_____ Signed_____
(Applicant) (Zoning Administrator)

SITE OR PLOT PLAN – For Applicant Use – Sketch in Layout Using Measurements and Indicate NORTH

Street Name_____ Property Code No_____