

Date Registration Received by City:



123 S Third Street  
Easton, PA 18042  
phone (610) 250-6724  
fax (610) 250-6607  
e-mail codes@easton-pa.gov

# CITY OF EASTON

## ZONING PERMIT APPLICATION

Application is hereby made to the Easton Zoning Administrator for (explain proposal):

No Impact Home Based Business - \_\_\_\_\_ located at \_\_\_\_\_

I hereby certify that I am the legal or equitable owner of the property for which this application is made, and attest that all information given is true and accurate to the best of my knowledge. I understand that any misrepresentation of information supplied hereunder shall render this application and any subsequent approvals null and void.

**FEES:**

Home Office..... \$50.00  
CO Inspection.....\$75.00  
Business License..\$25.00

\_\_\_\_\_  
(Signature of Legal or Equitable Owner)

**OWNER:** name \_\_\_\_\_  
address \_\_\_\_\_  
\_\_\_\_\_   
phone \_\_\_\_\_  
email \_\_\_\_\_

**APPLICANT:** name \_\_\_\_\_  
address \_\_\_\_\_  
\_\_\_\_\_   
phone \_\_\_\_\_  
email \_\_\_\_\_

**TO BE COMPLETED BY:**

APPLICANT

ZONING ADMINISTRATOR  
(FOR OFFICE USE ONLY)

Required Information			Required	Notes
Location of Home Office				

\*\*\* FOR OFFICE USE ONLY \*\*\*

DATE REC'D:		DATE REVIEWED:	REVIEWED BY:
FEE REC'D:		APPROVED <input type="checkbox"/>	DENIED <input type="checkbox"/>
REC'D BY:		REFER TO PLANNING AS SPECIAL EXCEPTION <input type="checkbox"/>	
PERMIT NO:		COMMENTS:	
ZONING DISTRICT:			