



1155 Red Fox Road | East Stroudsburg | Pennsylvania 18301

Ph: 570-223-5082 | Fax: 570-223-5086

Email: zoning@smithfieldtownship.com | www.smithfieldtownship.com

Fire, Life, & Safety Permit Application

Property Owner's Name: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

Location of Property: _____

Parcel # 16/ _____ Tax PIN #16- _____ Zoning District: _____

Proposed Use of Property or Improvement: _____

Changes of Use: _____ Change of Occupant: _____

Occupant: _____ Phone: _____

I hereby certify that the above information is true and correct to the best of my knowledge:

Signature: _____ Printed Name: _____

Title: Owner ____ Occupant ____ Date: _____

.....
Zoning Fee Paid: \$ _____ Check #: _____

Building Fee Paid: \$ _____ Check #: _____

Permit Officer's Signature