



1155 Red Fox Road | East Stroudsburg | Pennsylvania 18301  
Ph: 570-223-5082 | Fax: 570-223-5086  
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### Second Story Permit Application

Property Owner's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Location of Property: \_\_\_\_\_

Parcel # 16/ \_\_\_\_\_ Tax PIN #16- \_\_\_\_\_ Zoning District: \_\_\_\_\_

2nd Story Heated Square Footage: \_\_\_\_\_ # of Bedrooms: \_\_\_\_\_ # of Bathrooms: \_\_\_\_\_

Basement or crawl space: \_\_\_\_\_ HVAC System: \_\_\_\_\_

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

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Title: \_\_\_ Owner \_\_\_ Contractor \_\_\_ Other (Please Explain): \_\_\_\_\_

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\_\_\_\_\_  
Zoning Officer