	Borough a	of Lewistown	
Code Enforcemer	nt Office 2 East Thin	rd Street, Lewistown, PA 17044	(717) 242-1145
	Zoning P	ermit Application	
Please Complete		Date:	
Location:		Parcel Number:	
Owner:			
Address:			
Address			
Applicant: Address:		Phone Number:	
Description of Work:			
-			
and must be filed at the time th	a building permit is secured		
Under the penalties presc false statement to a set fo	ribed by Section 4904 of the public official or public body orth in this application are tru and agree that I/we will hereby	PA "Crimes Code" P18 Pa. CSA S-490 y, I hereby verify to the Borough of Lev the and complete to the best of my know by abide by and follow all applicable orce	vistown that the facts ledge.
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