



UPPER MACUNGIE TOWNSHIP  
8330 Schantz Rd  
Breinigsville, PA 18032

(610) 395-4892

FAX (610) 395-9355

**Zoning Interpretation Application**

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

Phone/E-mail: \_\_\_\_\_ Project Name: \_\_\_\_\_

Project Address (if different from above): \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

1. Enter section of UMT Zoning Ordinance on which an interpretation is needed:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Explain the intent and extent of project, if applicable (attach other relevant information):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**For Official Use Only**

Date Recieved: \_\_\_\_\_ Date: \_\_\_\_\_  
\$75 Fee Received by: \_\_\_\_\_