

FORD CITY BOROUGH
APPLICATION FOR ZONING PERMIT

Ford City Borough
PO Box 112, 1000 4th Avenue
Ford City, PA 16226
(724)763-3081

Application Date: _____ Application/Permit No. _____

Location of Property: _____

PROPERTY ZONED AS: _____ PARCEL NUMBER: _____

Applicant Name (*Please Print*): _____ Phone: _____

Applicant is requesting a permit for the purpose(s) of:

☐ ERECT ☐ REPAIR ☐ ALTER ☐ EXTEND ☐ REMOVE ☐ DEMOLISH ☐ OCCUPY

Please describe: _____

Estimated Cost of Construction: _____ Plot Plan Attached ☐ Floor Plans Attached ☐

Property Owner Name (*Please Print*) _____

Property Owner Address (*If different from above*):

Phone (land line) _____ Cell Phone _____ Email _____

Statement of property owner: I do hereby agree to observe and adhere to all pertinent regulations of Ford City Borough, Armstrong County, PA, and further agree that my failure to do so shall constitute a violation of this Permit; which Violation shall cause the Permit to become Null and Void.

Property Owner Signature _____ Date _____

OFFICE USE ONLY

Received by: _____ Date Received: _____

This permit authorizes development of the identified property in strict conformance statements contained in this application and the submitted site plan (where applicable), together with all conditions of such approval, and all pertinent regulations of Ford City Borough, Armstrong County, PA.

Disposition of Application: ☐ Approved
☐ Denied

Ordinance#/Section Reference(s):

BUREAU VERITAS PERMIT REQUIRED? YES ☐ NO ☐

Ford City Borough Zoning Officer

Date