Zoning Permit Application

OFFICE NO: 724-224-0800 FAX NO: 724-224-4509

For Sheds, accessory Garages under a 1,000 Sq. foot, Fences and Retaining Walls

This Shall be filled out in full and approved before any building permit can be issued or project can be started

Date:_____ Estimated Construction cost: $_____ "Material and Labor"

Job Location address:_____

Job description: _____

The following information is needed height, size and style

Contact Person: _____ Cell No: _____

Owners Name: _____

Owners Address: _____

Phone No.: _____ Ext: _____ Office/Cell No.:_____

Total square Foot of Project _____ : Show all distance from left side of property line _____ Right side of property line

___Distance from front property line ___Distance from Rear property line ____Distance from any structure

Number of story's _____ Height of structure _____

(A copy of your survey and drawings shall be turned in with this application Failure to do this permit will be denied)

(Below this line-Office Use Only)

Permit No: _____ **Zoning District:** _____ **Parcel No:** _____

Fee: $ _____ **Electrical Fee: $** _____ **Total Fee: $** _____

Date Approved: _____ Date Expired: _____

Does Set back comply: Yes ____ No _____

Is this a Permitted Use: Yes ____ No _____

Is Planning Commissioner Approval Needed? Yes __ No _____

Is Zoning Hearing Board needed? Yes _____ No _____

Is a Conditional use required? Yes ___ No _____

Can a Building Permit be issued? Yes _ No _____

Zoning Office Approval:(Signature) _____

Comment: _____