

BOROUGH OF VANDERGRIFT

Department of Public Safety

Bureau of Inspection

APPLICATION FOR ZONING AND BUILDING PERMIT

OWNER'S NAME: _____ DATE _____

OCCUPANT: _____ PHONE _____

ADDRESS: _____

ZONING DISTRICT _____ LOT AREA _____ BUILDING AREA _____

VALUE OF CONSTRUCTION \$ _____ PERMIT FEE \$ _____

TO: Chief, Bureau of Inspection, Borough of Vandergrift
Municipal Building, Vandergrift, Pennsylvania 15690

APPLICATION is hereby made by the undersigned for PERMIT to:

Type of Building: ☐ Industrial ☐ Commercial ☐ Residential

Type of Construction: ☐ New ☐ Remodel ☐ Demolish ☐ Remove

in or on the premises described above or otherwise known as: _____

Describe the type, extent and general description of the work for which PERMIT is requested:

Attach to application (when applicable) drawings of the proposed construction.

Attach to application (when applicable) a plot plan, drawn to scale, showing accurately the size and exact location of all proposed new construction and the relation to other existing or proposed buildings or structures on the same lot.

As part of this application, the undersigned guarantees that the conditions, surroundings and arrangements relative to the above shall be in accordance with the applicable codes or ordinances; that notification shall be given to the Bureau if and when the status of the above described shall be changed and construction begun. Approval of this application does not imply certification of compliance with standards, codes, good practices and does not impose any liability in any manner whatsoever on the Borough, its officers, employees, agents or Bureau personnel.

DATE: _____ SIGNATURE OF OWNER _____

DATE: _____ SIGNATURE OF CONTRACTOR _____

ENDORSEMENTS:

This application ☐ does ☐ does not require complete set of plans.

This application ☐ is ☐ is not approved insofar as Zoning Ordinance.

This application ☐ is ☐ is not approved insofar as Building Ordinance.

This application ☐ does ☐ does not require Dept. of Labor & Industry approval.

THIS APPLICATION IS HEREBY ☐ APPROVED ☐ DISAPPROVED THIS _____ day of _____, _____. For reason of _____

REMARKS:

Chief, Bureau of Inspection