APPLICATION FOR ZONING PERMIT

Borough of Jamestown, PO Box 188, 406 Jackson Street, Jamestown, PA 16134
Phone 724-932-5211 Fax: 724-932-3837

Date_____ Permit #_____

Approved By_____ Date_____

Applicant_____

Address_____, Jamestown PA

Phone (_____)_____--_____ Cost $_____

Job Location_____, Jamestown PA
( ) Dwelling ( ) Commercial

Type of Improvement_____ Use_____

No. Stories_____ Area 1st Floor_____ Area 2nd Floor_____

Length_____ Width_____ Total Sq. Feet_____

( ) Yes ( ) No – Plans submitted for review

Contractor_____ Phone ( )_____--_____

Zoning District_____ Lot & Block #_____

Size of Lot: Wide_____ Depth_____

NOTICE: I hereby agree to abide with the Borough rules as set forth in Ordinance passed by Council with inspections as required before Occupancy of structure or part.

Signed Applicant_____

Application fee for Zoning Permit:
$20.00
Make check payable to: Jamestown Borough

Fee paid $_____ Date_____ Received By_____
Cash_____ Check #_____ Other_____