

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: _____