

PLEASE COMPLETE
BOTH SIDES OF
APPLICATION

WINDBER BOROUGH

1401 Graham Ave

Windber, PA. 15963

Ph: 467-9014 Fax: 467-7354

Zoning #: _____

ZONING PERMIT APPLICATION

APPLICATION IS HEREBY MADE FOR A ZONING PERMIT FOR THE CONSTRUCTION, RECONSTRUCTION, DEMOLITION, MOVING, EXTENDING OR ADDITION OF A BUILDING, STRUCTURE, SWIMMING POOL, OR FENCE. THE ZONING OFFICER HAS 30 DAYS FROM THE RECEIPT OF THIS APPLICATION TO RENDER A DECISION:

Tax Assessment Office: Map #: _____ Parcel #: _____

Property Location: _____

Owner: _____

Address: _____

Applicant/Lessor Address: _____

Property is zoned: _____ Subdivision Name/Lot #: _____

Is this property located in the floodplain? _____ Yes _____ No

Use or uses for which the building, structure, or fence is being erected or altered _____

Type of building, structure or fence to be erected: _____

Dimensions of Lot:

Width _____ Length _____

Front Yard _____ Rear Yard _____ Side Yards _____ Frontage _____ Corner lot _____

Dimensions of Building, Structure, Swimming Pool, or Fence:

Width _____ Length _____ Height _____ No. of Stories _____ Basement _____

Has this property been subject to previous zoning permits or other actions? Yes _____ No _____

If Yes, explain: _____

ATTACH A PLOT PLAN (DRAWN TO SCALE), INCLUDING, DIMENSIONS, SHOWING LOT LAYOUT, EXISTING STRUCTURES, PROPOSED BUILDING, ADDITION, STRUCTURE, POOL, OR FENCE LOCATION; SET BACKS, DRIVEWAYS, PARKING AREAS, ROADS, AND SITE UTILITY LAYOUT IF APPLICABLE. APPLICATION FEE IS \$30.00

I (WE) AFFIRM THAT THE INFORMATION CONTAINED HEREIN IS TRUE, CORRECT, AND COMPLETE, TO THE BEST OF MY (OUR) KNOWLEDGE AND BELIEF.

Owner / Applicant Signature

Owner/ Applicant (Printed Name)

Owner/Applicant Mailing Address

Owner/Applicant Telephone Number

Date

**** This section is to be completed by the Zoning Officer. Please do not provide any information below.**

Date Received: _____

<u>PRE - INSPECTION</u>	
Date: _____	By: _____
<u>POST - INSPECTION</u>	
Date: _____	By: _____

ZONING PERMIT APPROVED

This is to certify that the proposed building or alteration as set forth on this application complies with all the provisions of the Municipal Zoning Ordinance.

Date: _____ Permit #: _____

Zoning Officer Signature

ZONING PERMIT DENIED

Reason for Denial: _____

Date: _____

Zoning Officer Signature