

WINDBER BOROUGH
1401 Graham Avenue
Windber, Pennsylvania 15963
Office: (814) 467-9014 / Fax: (814) 467-7354

PLEASE COMPLETE BOTH
SIDES OF THE APPLICATION

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 THIRTY (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 building, structure, or fence is being erected or altered. _____

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

Dimensions of Lot:

Width: _____ Length: _____ Acreage: _____ Corner Lot: _____ YES _____ NO

Front Yard: _____ Rear Yard: _____ Side Yards: _____ Frontage: _____

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, SETBACKS, DRIVEWAYS, PARKING AREAS, ROADS, AND SITE UTILITY LAYOUT IF APPLICABLE. FAILURE TO DO SO WILL RESULT IN A DELAY OR DENIAL OF APPLICATION.
ZONING PERMIT APPLICATION FEE: \$40.00

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I (WE) Affirm that the information contained herein is true, correct, and complete to the best of my (our) knowledge and belief. Furthermore I (we) agree to abide by all applicable codes, ordinances, and requirements that are associated with my (our) project. I (we) understand that by failing to comply our permit maybe suspended, denied, or revoked.

Owner / Applicant Name (Printed): _____

Owner / Applicant Signature: _____

Owner / Applicant Address: _____

Date: _____

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

Date Application Received: _____ Received by: _____

Permit Fee Paid: ____ YES ____ NO Method: _____ TOTAL: \$40.00

Pre-Inspection: Date: _____ By: _____

Remarks: _____

Pre-Inspection: Date: _____ By: _____

Remarks: _____

Zoning Permit Denied:

Reason for denial: _____

Date: _____ Zoning Officer Signature: _____

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.

Permit Number: _____

Date: _____ Zoning Officer Signature: _____