**BOROUGH OF SOUTH GREENSBURG**

**APPLICATION FOR ZONING PERMIT**

**NAME OF APPLICANT: CONTRACTOR:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City State Zip code City State Zip code

Phone No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ] Workers Compensation Insurance Certificate Zoning District \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Attached ( contracted work)

Tax Map No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ] Workers Compensation Insurance Certificate

Attached ( Non-contracted Work) [ ] Sewer Tap permit attached

**APPLICATION IS MADE TO ( CHECK ALL THAT APPLY):**

[ ] Residential [ ] Sign

[ ] Commercial [ ] Accessory – Shed, fence, pool, deck, wall, ETC.

[ ] Industry [ ] Curb Cut

[ ] Change of business [ ] Side walk/ driveway

**MAIN STRUCTURE WILL BE AS FOLLOW:**

Number of Stories ( Including Basement) \_\_\_\_\_\_\_\_ Front Yard Setback \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Size of Lot \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Side Yard Set Back (left) \_\_\_\_\_\_\_\_\_\_\_\_

Total of Construction \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Side Yard Setback (Right) \_\_\_\_\_\_\_\_\_\_\_\_

Intended Use\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Rear Yard Setback \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLOT PLAN:** [ ] Attached [ ] Sketch on back

**Please return form to the Borough Office with a check or money order in the amount of $25 made out to the Borough of South Greensburg**

**CERTIFICATION OF APPLICANT:** I hereby affirm that the above statements are true and correct and also agree to comply with the provisions of all applicable laws and ordinances.

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**BOROUGH ACTION**

Date Application Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fee Paid: $\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_ Approved

\_\_\_\_\_\_\_\_\_\_\_\_ Denial

\_\_\_\_\_\_\_\_\_\_\_\_ Requires Special exception

\_\_\_\_\_\_\_\_\_\_\_\_ Requires Conditional Use

\_\_\_\_\_\_\_\_\_\_\_\_ Non-Conforming Use

Reason For Denial: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Permit No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Zoning Officer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_