

APPLICATION FOR A ZONING PERMIT

UPPER BURRELL TOWNSHIP
3735 Seventh Street Road
New Kensington, PA 15068
Phone 724.335.3517 Fax 724.335.9475

Date:		Zoning Permit No	
Location of Proposed Wor	k:		
Tax Map No.:			
Nature of Work:			
Type of Occupancy and Co	onstruction:		
Estimated Value of Work:			
Width of Lot:Feet	; Length of Lot:	Feet; Depth of Front Yard:	Feet
Width of Side Yards:	Feet;	Feet; Depth of Rear Yards:	Feet
Total Floor Area:	Square Feet; De	esignation of Zoning District:	
Owner	Builder	Architect	
Name:			
Street Address:			
City:			
Phone No ·			

Two copies of a survey prepared and sealed by a registered surveyor or engineer shall be submitted that shows, at a minimum, property boundaries, existing buildings as well as proposed structures and their setbacks shall accompany this application. Two copies of building plans are also required.

I, hereby, agree to abide by the Township Zoning Ordinance and the Building Code of the State of Pennsylvania and other applicable ordinances and regulations of the Township of Upper Burrell and laws of the State of Pennsylvania. Is this property in a Flood Plain Area?
YES NO
If YES, I also agree to the provisions of the Flood Plain Ordinance.
A street opening permit is required for the digging of any trench or excavating through or under the limits of any ordained or dedicated street in the Township, or any public sidewalk, or the cutting into or opening and removal of any public pavement surfaces within the Township. Street opening permit fee is paid to the Township Secretary.
Sanitary sewers (are) (are not) available. Availability does not assure connection by gravity flow. It is the applicant's responsibility to situate the proposed structure at the proper elevation flow to the sanitary sewer.
Signed:APPLICANT
Print:
Date:
ZONING PERMIT FEE PAID:\$AND TWO (2) COPIES OF THE PLANS AND PLOT SURVEY(S), AND IF NECESSARY, A PLAN FOR MINIMIZING EROSION AND SEDIMENTATION.
RECEIVED BY:DATE:
COMMENTS:

TO BE COMPLETED BY TOWNSHIP ZONING OFFICER

APPROVED BY:(Z	DATE: ONING OFFICER)		
	,	DATE	
APPROVED BY:(Z	ZONING OFFICER)	DATE:	
DENIED BY:(Z	ZONING OFFICER)	DATE:	
Setbacks: Front:	Feet; Side:	Feet; Rear:	Fee
		SECTION:	
	rant or denial of this permit ma	ay appeal to the Zoning Hearing B	oard
Date:	Signed:	ZONING OFFICER	
ZONING PERMIT NO(Fill No. in on 1st page)			