

### ZONING PERMIT APPLICATION

I hereby make application for a Zoning Permit, submitting a Plot Plan, Copy of Deed, Workman's Compensation Form, and a Set of Plans and Specifications. I agree to comply with all Township Zoning Ordinances and any Building Code Requirements.

**RESIDENTIAL : Applicable for any Accessory Structure under 500 Square Feet**

Property Owner: \_\_\_\_\_

Property Owner Address: Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Property Owner Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Contractor Name / Address: \_\_\_\_\_

Contractor Phone: Office / Home - \_\_\_\_\_ Cell - \_\_\_\_\_

Nature of Project: \_\_\_\_\_ Square Footage: \_\_\_\_\_

Address of Proposed Project: \_\_\_\_\_

Zone District: \_\_\_\_\_ Parcel Number: \_\_\_\_\_ Lot Number: \_\_\_\_\_

Owner Signature: \_\_\_\_\_ Cost \_\_\_\_\_

Date: \_\_\_\_\_

**Commercial :** all Commercial Zoning Permits must be submitted with the following paperwork: a completed set of sealed construction drawings, workman's compensation form, a plot plan which includes the location of the structure, location of any outside accessory uses, parking details, and a detailed floor plan of existing structure and all proposed changes, plus any additional information requested by the Zoning Officer.

Property Owner: \_\_\_\_\_

Property Owner Address: Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Property Owner Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Contractor Name / Address: \_\_\_\_\_

Contractor Phone: Office / Home - \_\_\_\_\_ Cell - \_\_\_\_\_

Nature of Proposed Work: \_\_\_\_\_

Address of Proposed Project: \_\_\_\_\_

Zone District: \_\_\_\_\_ Parcel Number: \_\_\_\_\_ Lot Number: \_\_\_\_\_

If Applicable: Last Known Occupant: \_\_\_\_\_

If Applicable: Last Occupied Date: \_\_\_\_\_

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Official Use Only: Act 13 Fee: \$4.00 (on all permits) Zoning Permit Fee: \_\_\_\_\_

Permit Approved ( ) Permit Sent to Z.H.B/ ( ) Permit Denied ( ) Reason: \_\_\_\_\_

Signature of Building Code Official: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Zoning Officer: \_\_\_\_\_ Date: \_\_\_\_\_

**Existing Conditions of Property:**

Property Connected to Municipal Sanitary Sewer System – Yes ( ) No ( )  
Has the North Strabane Township Municipal Authority Tested the System – Yes ( ) No ( )  
Is System Functional – Yes ( ) No ( )

Property on an On Lot Sanitary Sewer System – Yes ( ) No ( )  
Has the Washington County Sewage Council Been Contacted to Test System – Yes ( ) No ( )  
Is System Functional – Yes ( ) No ( )

Is There an Existing Fire Supression System in the Structure – Yes ( ) No ( )  
Has the System Been Tested by an Approved Agency for Compliance – Yes ( ) No ( )

Is There an Existing Fire Detection System in the Structure – Yes ( ) No ( )  
Has the System Been Tested by an Approved Agency for Compliance – Yes ( ) No ( )

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**A CHANGE IN USE MAY REQUIRE ACCESSIBILITY STANDARDS TO BE MET**

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**Zoning Hearing Board Use Only:**

Has a Variance Been Applied For – Yes ( ) No ( )

What Was Variance For: \_\_\_\_\_

Was Variance Granted – Yes ( ) No ( )      Date of Approval: \_\_\_\_\_

Required: Attached Approval Letter Signed by The Zoning Hearing Board