

ZONING PERMIT & UCC PERMIT APPLICATION

PATTERSON TOWNSHIP

1600 19TH Avenue, Beaver Falls, PA 15010

Phone 724-843-8339 FAX 724-843-8687

PERMIT NO: _____

1. APPLICANT NAME: _____

2. APPLICANT IS OWNER _____ CONTRACTOR/AGENT _____ OTHER _____

3. NAME/ADDRESS OF OWNER/CONTRACTOR/OTHER:

4. PHONE NUMBER: _____

5. LOCATION/STREET ADDRESS: _____ TAX PARCEL _____

6. SUBDIVISION NAME: _____ LOT NO. _____

7. ZONING: District _____ Use _____

Project Description _____

Setbacks: Front _____ Left Side _____ Right Side _____ Rear _____

Number of stories _____ Height of Structure _____ Dimensions _____

Proposed floor area of _____ square feet. Decks only: _____ inches above grade of deck floor

8. ACCESS: _____ to public road _____ to private road _____ to private right of way

If private road/right of way, Owner _____ Parcel No. _____

9. COST OF CONSTRUCTION _____ TOTAL SIZE/ACREAGE OF TRACT _____

10. PLOT PLAN ATTACHED: DATED: _____ PREPARED BY _____

11. WATER SOURCE: Township __ On Lot __ SEWAGE DISPOSAL SOURCE: Township __ On Lot __

12 THIS PROJECT INCLUDES: ELECTRICAL __ PLUMBING __ AND/OR MECHANICAL _____

By issuance of this permit, the applicant agrees to follow the rules and regulation set forth by Patterson Township; in addition to complying with the "building Energy Conservation Act", No 222, of 1980.

OWNER(S) _____ DATE _____

CONTRACTOR /AGENT _____ DATE _____

FEE IN THE AMOUNT OF \$ _____ SUBMITTED HEREWITH.

ZONING OFFICER APPROVED: _____ DATE _____

