STY OF WASHINGTON B
TEORPORATED APRIL

Zoning Officer Signature: ____

City of Washington

55 West Maiden Street Washington, PA 15301 724-223-4200 Opt 1.Ext 6 washington.cityclerk@gmail.com

ZONING PERMIT APPLICATION-\$75

PROPERTY OWNER:		
PHONE:EMAIL:		
OWNER ADDRESS:		
SITE LOCATION ADDRESS:		
TAX PARCEL ID:	ZONING C R1 R1A R2 R2A R3	
	T1 CBD GB ED MD D	
CURRENT USE OF PROPERTY: ResidentialSingle Family	DuplexMulti-Family	
Commercial / Industrial - Please specify		
Other:		
PROPOSED IMPROVEMENT OR USE OF PROPER	RTY:	
	of proposed site plan – Sample on Rear) Rear () ft Left () ft Right () ft POSED: () ft	
PLEASE CHECK ONE: PERMITTED USE SPECIAL EXCEPTION	CONDITIONAL USE OTHER (<i>describe</i>):	
PLAN APPROVALS (as applicable):	STED: NO YES (please attach approvals) Planning Commission Date: Board of Supervisors Date:	
that information. I further certify I am the proper	ly for the location and the work described herein and certify to the accuracy og ty owner, or a duly authorized representative on behalf of the owner(s) of said he conditions of this permit and will construct the project in compliance with linances and requirements.	
DATE: SIGNATURE OF	F APPLICANT:	
	FOR OFFICE USE ONLY	
Complete Application Date Received: Total Fee Paid: \$ Approved/Denied (reason):	: Permit #: Plan Approved:	
Approved/Denied (reason):	· · · · · · · · · · · · · · · ·	

Date

Structure – Please attach a site plan showing location of all existing and proposed structures, and distance from proposed structures to adjoining property lines and other structures.

Fences – Please attach a site plan showing location of fencing and provide height and description of fencing (picket, cyclone, stockade, etc)

Signs – Please attach sign face copy, location, size and any and all pertinent construction information.

