

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

Offic	<u>e Use Only</u>
Date:	
Rcd By:	
Fee Rcd:	
Check #:	

PHONE:EMAIL:	
OWNER ADDRESS:	
ITE LOCATION ADDRESS:	
AX PARCEL ID:	
pplicant NamePhonePhone	
mailTA CDD CD	R3
CURRENT USE OF PROPERTY:	
ResidentialSingle FamilyDuplexMulti-Family	
Commercial / Industrial - Please specify	Other:
PROPOSED IMPROVEMENT OR USE OF PROPERTY:	
(Attach 1 conv of proposed site plan – Sample on Rear)	
(Attach 1 copy of proposed site plan – Sample on Rear) SETBACKS PROVIDED: Front () ft Rear () ft Left () ft Right () ft MAXIMUM HEIGHT OF STRUCTURE PROPOSED: () ft	
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(Attach 1 copy of proposed site plan – Sample on Rear) SETBACKS PROVIDED:	o the accuracy o o owner(s) of said ompliance with
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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.

