

# APPLICATION FOR ZONING PERMIT



## City of Warren Building Code Department

318 West Third Avenue - Warren, PA 16365

Phone (814)723-6300 - Fax (814) 723-3242

www.cityofwarrenpa.gov

PERMIT NO. \_\_\_\_\_

### Property Information

St. Address	Apt.	Zip	Parcel Number	Zoning District
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### Owner Information

First Name	Last Name or Business Name	Phone Number		
St. Address	City	State	Zip	

### Project Description

Type of Project and Proposed Use			
Contractor: Name/Address			
Structure Dimensions	<b>(Drawing on Reverse Side)</b>		
Length & Height - Fence			
Length & Width - Shed			
Distance from Property Line	Front:	Side:	Rear:
Total Sq. Ft.			

### COMMERCIAL PROJECTS WILL REQUIRE A DETAILED SITE PLAN.

I the undersigned hereby certify I am owner/agent of the proposed construction. I acknowledge the project, but is subject to provisions of the City of Warren Zoning Ordinance. Further, I authorize the City of Warren Building Inspection Department or it's Agent, entry to the property for purpose of verifying zoning compliance.

I attest the information furnished is accurate and true and will notify the Building Department of any changes.

\_\_\_\_\_  
OWNER / AGENT

\_\_\_\_\_  
DATE

The City may request a property survey to be furnished by owner/applicant prepared by a registered land Surveyor.

### OFFICIAL USE ONLY

APPROVED \_\_\_\_ YES \_\_\_\_ NO \_\_\_\_ FURTHER REVIEW REQUIRED (ZONING HEARING BOARD)

INITIAL \_\_\_\_\_ DATE \_\_\_\_\_

FEE \_\_\_\_\_

## **PROPOSED PROJECT**

1. INDICATE PROPERTY DIMENSIONS
2. INDICATE STRUCTURE DIMENSIONS
3. INDICATE STRUCTURE SETBACKS