

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			
Structure Dimensions	(Drawing on Reverse Side)		
Height			
Width			
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 information furnished is accurate and true and will notify the Building Department of any changes.

OWNER / AGENT

DATE

CERTIFIED

The City may request a property survey to be furnished by owner/applicant 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