



ZONING PERMIT APPLICATION

CODE ENFORCEMENT DEPARTMENT

11 Lafayette Street
St. Marys, PA 15857

Phone (814) 781-1718
Fax (814) 834-1304

www.cityofstmarys.com

Application Number: _____

Date Received: _____

Control Number: _____

[Office use Only]

PERMIT FEE: \$25.00

CASH CHECK # _____

RECEIPT # _____

Enter all pertinent information. Be specific and descriptive. Do not omit important entries, such as telephone numbers, Fed ID numbers etc.

[Please print]

COMPLETE ALL APPLICABLE INFORMATION, WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE

Block : _____ Lot : _____ Agent: _____

Work Site Location: _____ Address : _____

Owner : _____

Address : _____

Telephone : _____ Fax : _____

Telephone : _____

Architect / Engineer: _____

Address: _____

Telephone Number: _____

CERTIFICATION:

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record, and that I have been authorized by the owner to make this application as his / her authorized agent, and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the Code Official's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.

Signature of Owner / Authorized Agent

Date

BUILDING SECTION

RESIDENTIAL

COMMERCIAL

INDUSTRIAL

Description Of Work:

Type of Construction _____

Residential Use _____

Type of Foundation _____

Commercial Use _____

Industrial Use _____

ZONING SECTION

Frontage (lot width) _____ feet

Depth (lot depth) _____ feet

Front yard depth _____ feet

Rear yard depth _____ feet

Side yard depth _____ feet

Side yard depth _____ feet

Number of stories _____

Total height _____ feet

Zoning District _____

I certify that I am the (agent of) owner of record and am authorised to make this application.

X _____
(Signature)

RECOMMENDATION OF ZONING OFFICER

Zoning application: Approved Denied (cite specific section of Zoning Ordinance):

Appealed and referred to Zoning Hearing Board for;

Variance Special Exception Interpretation

Fee: _____ Paid Date: _____

Received By: _____

Zoning Officer: _____ Date: _____

ACTION TAKEN BY ZONING HEARING BOARD

Variance Granted Special Exception Granted Application Denied Application Misinterpreted

According to section (s);

of the Zoning Ordinance #33

Zoning Hearing Board Chairperson: _____ Date: _____

ACTION TAKEN BY CITY COUNCIL

Zoning Application: Approved Denied

City Council: _____ Date: _____
Mayor

Attest: _____ Date: _____
Secretary

REGULAR LOT

RIGHT OF WAY

ROADWAY

RIGHT OF WAY

ROADWAY

CORNER LOT