

UPPER BURRELL TOWNSHIP  
WESTMORELAND COUNTY, PA

APPLICATION FOR A ZONING PERMIT

Date: \_\_\_\_\_ Zoning Permit No. \_\_\_\_\_

Location of Proposed Work: \_\_\_\_\_

Tax Map No.: \_\_\_\_\_

Nature of Work: \_\_\_\_\_

Type of Occupancy and Construction: \_\_\_\_\_

Estimated Value of Work: \_\_\_\_\_

Width of Lot: \_\_\_\_\_ Feet; Length of Lot: \_\_\_\_\_ Feet; Depth of Front Yard: \_\_\_\_\_ Feet

Width of Side Yards: \_\_\_\_\_ Feet; \_\_\_\_\_ Feet; Depth of Rear Yards: \_\_\_\_\_ Feet

Total Floor Area: \_\_\_\_\_ Square Feet; Designation of Zoning District: \_\_\_\_\_

Owner	Builder	Architect
Name: _____	_____	_____
Street Address: _____	_____	_____
City: _____	_____	_____
Phone No.: _____	_____	_____

**Two copies of a survey prepared and sealed by a registered surveyor or engineer shall be submitted that shows, at a minimum, property boundaries, existing buildings as well as proposed structures and their setbacks shall accompany this application. Two copies of building plans are also required.**

I, hereby, agree to abide by the Township Zoning Ordinance and the Building Code of the State of Pennsylvania and other applicable ordinances and regulations of the Township of Upper Burrell and laws of the State of Pennsylvania. Is this property in a Flood Plain Area?

YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, I also agree to the provisions of the Flood Plain Ordinance.

A street opening permit is required for the digging of any trench or excavating through or under the limits of any ordained or dedicated street in the Township, or any public sidewalk, or the cutting into or opening and removal of any public pavement surfaces within the Township. Street opening permit fee is paid to the Township Secretary.

Sanitary sewers (are) (are not) available. Availability does not assure connection by gravity flow. It is the applicant's responsibility to situate the proposed structure at the proper elevation flow to the sanitary sewer.

Signed: \_\_\_\_\_  
APPLICANT

Print: \_\_\_\_\_

Date: \_\_\_\_\_

ZONING PERMIT FEE PAID:\$ \_\_\_\_\_ AND TWO (2) COPIES OF THE PLANS AND PLOT SURVEY(S), AND IF NECESSARY, A PLAN FOR MINIMIZING EROSION AND SEDIMENTATION.

RECEIVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_  
(ZONING OFFICER)

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ZONING PERMIT APPLICATION

APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_  
(ZONING OFFICER)

ZONING REAPPLICATION: \_\_\_\_\_, BOARD APPROVAL \_\_\_\_\_ DATE \_\_\_\_\_

APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_  
(ZONING OFFICER)

DENIED BY: \_\_\_\_\_ DATE: \_\_\_\_\_  
(ZONING OFFICER)

Setbacks: Front: \_\_\_\_\_ Feet; Side: \_\_\_\_\_ Feet; Rear: \_\_\_\_\_ Feet

REASON(S) FOR DECISION: ZONING ORDINANCE: \_\_\_\_\_ SECTION: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Anyone aggrieved by the grant or denial of this permit may appeal to the Zoning Hearing Board within 30 days in accordance with the Zoning Ordinance appeal procedures.

Date: \_\_\_\_\_

Signed: \_\_\_\_\_  
ZONING OFFICER

ZONING PERMIT NO. \_\_\_\_\_  
(Fill No. in on 1st page)