KISKIMINETAS TOWNSHIP APPLICATION FOR ZONING PERMIT

Zoning Officer Rebecca Rupert - C: 724-681-1644

APPLICATION NUMBER:
PARCEL NUMBER:
APPLICANT NAME (PRINTED): PROPOSED DEVELOPMENT: USEERECTREPAIRALTEREXTENDREMOVEDEMOLISHOCCUPYCHANGE USE DESCRIPTION: STANDAME (PRINTED) IS NOT ATTACHED ESTIMATED COST: A PLOT PLANE: IS ATTACHED IS NOT ATTACHED PLANS: ARE INCLUDED ARE NOT INCLUDED PLANS: HAVE HAVE NOT BEEN APPROVED BY THE Pa DEPARTMENT OF LABOR Statement of property owner: I do hereby agree to observe and adhere to all pertinent regulations of the Township of Kiskiminetas, Armstrong County, PA. And I do further agree that my failure to do so shall constitute a violation of his Permit; which Violation shall cause the Permit to become Null and Void, upon receipt of notification to that effect, in writing, from the Zoning and Codes officer or other Duly Authorized Agent of the Commonwealth of Pennsylvania. PROPERTY OWNER OR AGENT NAME (PRINTED) PROPERTY OWNER ADDRESS (IF DIFFERENT FROM ABOVE): PROPERTY OWNER SIGNATURE PROPERTY OWNER CONTACT NUMBER:
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PERMIT FEE RECEIVED: AMOUNT: CASH CHECK CHECK #
This permit authorizes development of the identified property in strict conformance with the site plan, as approved (date) together with all conditions of such approval, and all pertinent regulation of the Township of Kiskiminetas, Armstrong County, PA.
DISPOSITION OF APPLICATION: APPROVED DENIED
F DENIED STATE ORDINANCE NUMBER ON WHICH DENIAL IS BASED:
BUREAU VERITAS PERMIT REQUIRED? YES (attached) NO
Signature (Zoning Officer) Date

TOWNSHIP/BOROUGH MUNICIPAL PRIOR APPROVALS

Parcel #	
Lot #	

Applicant/Property Owner:		Phone:			
Address:					
Contractor:	,	Phone:			
Address:					
Single Family Dwelling	Multi-Family Dwellin	ngA	Accessory Structure		
AdditionTrailer	Trailer Replace	ment	Temporary Trailer		
Commercial Building	Additio	on – Commercia	al Building		
Description:	scription:Size:				
Construction Cost:Plot	Plan Attached?	Insurance	Info. attached		
Location:					
I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized to make this application as his authorized agent and we agree to conform to all applicable laws of this jurisdiction.					
Signature:Date:					
APPLICANT MUST HAVE TOWNSHIP,	BOROUGH OR CITY	COMPLETE '	THE FOLLOWING:		
Site Located Within Flood Plain?	Zoning	Zoning Type			
Type of Sewage:	(Approva	al Attached)	Not Applicable		
Type of Water:	(Approva	nl Attached)	Not Applicable		
Road Occupancy Permit:	(Approva	al Attached)	Not Applicable		
Stormwater Management:	(Approva	(Approval Attached) Not A			
·					
I hereby certify that this application is in compliance with all relevant ordinances of Township/Borough and therefore eligible for Municipal approval.					
Date Approved/Issued:					
Township/Borough Officer/Secretary:					