

KISKIMINETAS TOWNSHIP

APPLICATION FOR ZONING PERMIT

APPLICATION DATE: _____ APPLICATION NUMBER: _____

LOCATION OF PROPERTY: _____

PROPERTY ZONED AS: _____ PARCEL NUMBER: _____

APPLICANT NAME (PRINTED): _____

PROPOSED DEVELOPMENT:

☐ USE ☐ ERECT ☐ REPAIR ☐ ALTER ☐ EXTEND ☐ REMOVE ☐ DEMOLISH ☐ OCCUPY ☐ CHANGE USE

DESCRIPTION:

ESTIMATED COST: _____

A PLOT PLAN: ☐ IS ATTACHED ☐ IS NOT ATTACHED

FLOOR 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 this 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: _____

OFFICE USE ONLY:

DATE RECEIVED: _____

PERMIT FEE RECEIVED: AMOUNT: _____ 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

IF DENIED STATE ORDINANCE NUMBER ON WHICH DENIAL IS BASED: _____

BUREAU VERITAS PERMIT REQUIRED? ☐ YES (attached) ☐ NO

Signature (Zoning Officer)

Date

Parcel # _____
Lot # _____

9/7/07