



BOROUGH OF ROARING SPRING

616 Spang Street, ROARING SPRING, PA 16673

(814) 224-4814

APPLICATION FOR ZONING PERMIT

DATE: _____ PERMIT NUMBER: _____

OWNER NAME _____

ADDRESS _____

TELEPHONE # DAY _____ NIGHT _____

WORK SITE ADDRESS: _____

PARCEL/MAP ID #: _____

DESCRIPTION OF IMPROVEMENT: _____

CONTRACTOR NAME _____

FEDERAL STATE I. D. NUMBER _____

ADDRESS _____

PHONE _____

SUB-CONTRACTOR INFORMATION:

NAME _____

FEDERAL/STATE I.D. NUMBER _____

ADDRESS _____

PHONE _____

CONSTRUCTION COST \$ _____

PROOF OF COST PROVIDED BY _____

PERMIT FEE: _____ CASH _____ CHECK _____

ESTIMATED START DATE _____

ESTIMATED COMPLETION DATE _____



BOROUGH OF ROARING SPRING

616 Spang Street, ROARING SPRING, PA 16673

(814) 224-4814

TYPE OF IMPROVEMENT

- RESIDENTIAL
- COMMERCIAL
- INDUSTRIAL
- INSTITUTION
- CARPORT

CONSTRUCTION

- STORIES 1 2 3 4
- FRAME MASONRY
- METAL CLAD
- GARAGE: ATTACHED
- SWIMMING POOL

ZONING DESIGNATION: _____

SETBACKS: FRONT YARD _____

LEFT YARD _____

REAR YARD _____

LOT SIZE: WIDTH _____
DEPTH _____

- UTILITIES (PUBLIC)
- BOROUGH WATER
- BOROUGH SEWER

- UTILITIES (PRIVATE)
- ABOVEGROUND
- UNDERGROUND
- ELECTRIC
- TELEPHONE
- GAS

SIDEWALK YES NO **ADDITIONAL PERMIT REQUIRED

CURBING YES NO

DRIVEWAY YES NO

REMARKS: _____

PROOF OF WORKERS' COMPENSATION RECEIVED: YES NO

AFFIDAVIT FOR RESIDENT EXEMPTION OF WORKERS' COMPENSATION RECEIVED:
YES NO

SIGNATURE OF APPLICANT _____

DATE OF PERMIT ISSUE _____

<input type="checkbox"/>	APPROVED
<input type="checkbox"/>	DISAPPROVE

SIGNATURE OF ZONING OFFICER _____