WASHINGTON TOWNSHIP ZONING OFFICE

1390 Fayette Avenue, Belle Vernon PA 15012 (724) 929-6333 MOBILE (724) 434- 8431

APPLICATION FOR ZONING PLAN EXAMINATION AND ZONING PERMIT

Type of Improvement			
New Construction	Addition	Alteration	Repair
Roof and/or Siding			
Owner and property Infor			
Owners Name-			
Address- Phone-			
City			
Previous owner (if purchased v	with in last 2 ye	ears)	
Subdivision or lot plan		Parcel #	Zoned
Present Use			
3. Project Scope			
Starting Date Estimate	ated date of Co	mpletionE	stimated Cost
Size of Building			
Characteristics of construction			
Number of bathroomsSi			
Brief Description of Project			
 This Application must include the Attached Sketch of lot and bu Check or money order made accepted) Property owner May be required 	ailding Showing out to Washing	ton Township Supervis	ors (no Cash will be
4. Applicant Signature (App	lication will Becor	ne Null and Void if any inf	formation is found to be false
Applicant Signature	l	Date of A	application
5. Official use only Approved Denied Reason Denied			
Reason for Zoning Hearing Zoning Office Signature		Date Approve	<u> </u>
Permit NumberF	ermit fee	Check or Mon	ey Order #
Hearing Board Approval Sign			