



OLYPHANT BOROUGH ZONING/BUILDING PERMIT APPLICATION

113 WILLOW STREET OLYPHANT, PA 18447

570.489.7897

OLYZONING@COMCAST.NET

Application is hereby made for a permit to erect or alter a structure and/or to use the premises for the purpose(s) described herewith. The information which follows is made part of this application by the undersigned. It is understood and agreed by this applicant that any misstatement or misrepresentation of material fact, either with or without intention on the part of this applicant, such as might or would operate to cause a refusal of this application, or any change in the location, size or use of structure or land made subsequent to the issuance of this permit without approval of the Zoning Office, shall constitute sufficient ground for the revocation of this permit.

LOCATION, OWNERSHIP & PRESENT USE OF PROPERTY

OWNER: _____

PHONE: _____ CELL PHONE: _____

OWNER ADDRESS: _____

EMAIL ADDRESS: _____

ADDRESS FOR WHICH APPLICATION IS BEING MADE: _____

PRESENT USE OF STRUCTURE/No. of DWELLING UNITS: _____ / _____

ZONE: _____ TAX MAP PARCEL # _____ FLOOD PLAIN DESIGNATION: _____

PROPOSED USE OF STRUCTURE AND/OR LAND (CHECK ALL THAT APPLY):

NEW STRUCTURE ____ ADDITION ____ ALTERATION ____ CHANGE OF USE ____ SIGN ____ DEMOLITION ____ OTHER ____

SPECIFIC EXPLANATION OF PROJECT: _____

ESTIMATED COST OF PROJECT: _____

CONTRACTOR

NAME: _____ PA HIC # _____

ADDRESS: _____

PHONE #: _____ CELL #: _____ EMAIL: _____

ISSUANCE OF THIS PERMIT DOES NOT RELIEVE THE APPLICANT OF SECURING ANY AND ALL OTHER REQUIRED PERMITS OR APPROVALS FROM THE BOROUGH OF OLYPHANT OR OTHER APPLICABLE DEPARTMENTS OR AUTHORITIES. A FLOOR PLAN AND/OR A SITE PLAN MAYBE REQUIRED WITH THIS APPLICATION.

ALL BUILDING AND/OR REMODELING DEBRIS GENERATED IS THE SOLE RESPONSIBILITY OF THE OWNER/CONTRACTOR. DO NOT PLACE THESE MATERIALS OR OTHER CONTSTRUCTION MATERIAL CURBSIDE.

OWNER SIGNATURE: _____ DATE: _____

OFFICE USE ONLY:

DATE APPLICATION RECEIVE _____ ZONING DISTRICT _____ SITE PLAN Y N PLANNING COMMISSION Y N PERMIT DENIED Y N

REASON FOR DENIAL _____

ZONING HEARING BOARD Y N

DATE ISSUED/DENIED: _____ PERMIT # _____

ZONING OFFICER: _____