Ben Avon Borough

7101 Church Street
Ben Avon, PA 15202
Phone: 412-766-7704 Fax: 412-766-7311

Office Use Only
Date: _____
Rcd By: _____
Fee Rcd: _____
Check #: _____

ZONING PERMIT APPLICATION

$55.00 FEE

PROPERTY OWNER: _____ PHONE: _____

ADDRESS: _____ EMAIL: _____

SITE LOCATION: _____

TAX PARCEL ID(s): _____ZONING:_____

DBV/PAGE: _____ ACRES: _____ PLAN OF LOTS: _____

CURRENT USE OF PROPERTY:
____Residential ____Single Family ____Duplex ____Multi-Family
____Commercial / Industrial - Please specify _____
____Other: _____

PROPOSED USE OF PROPERTY: _____
_____
(Attach 4 copies of proposed site plan)

SETBACKS PROVIDED: Front (____)ft Rear (____)ft Left (____)ft Right (____)ft
MAXIMUM HEIGHT OF STRUCTURE PROPOSED : (_____)ft

PLEASE CHECK ONE:
_____ PERMITTED USE _____ CONDITIONAL USE
_____ SPECIAL EXCEPTION _____ OTHER (*describe*):_____

ARE ANY VARIANCES REQUIRED/REQUESTED: ___ NO ___ YES *(please attach approvals)*
PLAN APPROVALS (as applicable): Planning Commission Date: _____
Board of Supervisors Date: _____

I hereby make application for a zoning permit only for the location and the work described herein and certify to the accuracy of that information. I further certify I am the property owner, or a duly authorized representative on behalf of the owner(s) of said property, and I have read and understand all of the conditions of this permit and will construct the project in compliance with those conditions and all applicable Borough Ordinances and requirements.

DATE: _____ SIGNATURE OF APPLICANT: _____

FOR OFFICE USE ONLY
Complete Application Date Received: _____ Permit #: _____
Total Fee Paid: $_____ Plan Approved: _____
Approved/Denied (reason): _____
Zoning Officer Signature: _____