



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 _____



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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

APPROVED
DISAPPROVE

SIGNATURE OF ZONING OFFICER