Permit No. _____

Date _____

TOWNSHIP OF JACKSON
CAMBRIA COUNTY, PA

APPLICATION FOR ZONING PERMIT

I/We the undersigned, hereby make application for a permit to erect a _____

_____

on my property located at _____ .

The shape and size of the lot on which the structure is proposed to be erected, along with the location and size of all existing structures, and location and size of the proposed structure, addition or alteration is shown on the reverse side or attached plan.

The property is located in a _____ district. (If not known, see Zoning Map). Each district has different use, setback and area regulations.

Complete the following for the proposed construction:

Height of Structure _____

Front Yard Setback from Lot Line _____

Side Yard Setback from Lot Line _____

Side Yard Setback from Lot Line _____

Rear Yard Setback from Lot Line _____

Zoning Officer Use

Allowable _____

Allowable _____

Allowable _____

Allowable _____

Allowable _____

Percent of Lot Area To be Covered _____

For Commercial: _____

Comments:

_____

_____

Proposed Use of Building: _____

Cost: *(Approximate)* $ _____

Name of Contractor _____

PROPERTY OWNER INFORMATION:

Name & Address:

_____

_____

_____

Phone: _____

Cell Phone: _____

Email: _____

APPLICANT INFORMATION: (If different from property owner):

Name & Address:

_____

_____

_____

Phone: _____

Cell Phone: _____

Email: _____

SIGNATURE OF APPLICANT: _____

Applications.wpd

The information provided is true to the best of my knowledge.

This zoning permit shall expire ninety (90) days from the date of issuance, if the work described in the permit is not begun. If the work described has begun, the permit shall expire after two (2) years. In the event of this permit being denied, you have 30 days, from the date of the denial, to file an appeal with the Zoning Hearing Board.

<div align="center">

DO NOT WRITE BELOW THIS LINE
Township Use Only

</div>

Permit Approved _____   _____
                        (Zoning Officer)   (Date)

Permit Refused _____   _____
                        (Zoning Officer)   (Date)

Reason for Refusal _____

Review Fee   _____
Permit Fee   _____
Use & Occupancy Fee _____
Total Fee   _____   Date Paid _____