

Please print or type. Missing or incomplete information may cause a delay in the processing of this application.

Name of Owner: _____ Phone: _____ Email: _____

Address of Owner: _____

Name of Applicant: _____ Phone: _____ Email: _____

Address of Applicant: _____

Engineer: _____ Phone: _____

Project/Site Name: _____

Address/Location: _____ County Tax ID#: _____

Acreage/Sq.Ft.: _____ Zoning: _____ Overlay District: _____

Est. Completion Date: _____ Est. Project Cost: _____

RESIDENTIAL:

No. of Lots: _____ No. of Buildings: _____ No. of Dwelling Units: _____

COMMERCIAL/INST:

No. of Buildings: _____ No. of Shops: _____ Total Sq.Ft.: _____

Present Use: _____

Proposed Use or Alterations: _____

Has a previous application been filed with the Supervisors for this property? _____
If so, when? _____

INSTRUCTIONS TO APPLICANT

This application must be submitted to the Zoning Administrator along with the following supplemental materials:

- (a) Three (3) copies of a Site Plan, as defined by the Findlay Township Zoning Ordinance, in addition to an electronic copy;
- (b) Completed Site Capacity Worksheet (available at the Township Office);
- (c) Application review fee:
 - Single Family - \$25.00
 - Commercial/Industrial - \$25.00 for the 1st 5,000 sq.ft. + \$2.00 for each additional 1,000 sq.ft and \$200 escrow.
 - Apartments - \$25.00 for the 1st three + \$5.00 for each additional apartment and \$200 escrow.

Signature of Owner

Date

COMMONWEALTH OF PENNSYLVANIA
COUNTY OF ALLEGHENY

** NOTE: NOTARY NOT REQUIRED FOR RESIDENTIAL**

_____, being duly sworn, deposed and says that he is the owner of the premise herein described, and that all the above statements contained in any papers or plans submitted herewith are true to the best of my knowledge and belief. Sworn to and subscribed before me this _____ day of _____, 20____.

Notary Public

Date

My commission expires: _____

(SEAL)

APPROVED BY: _____
Zoning Administrator Date

OFFICIAL USE ONLY:

Date of Application: _____ Amount Paid: _____ Check #: _____ Building Permit #: _____