

TOWNSHIP OF HEMPFIELD

1132 Woodward Drive, Suite A, Greensburg, PA 15601
Phone: 724-834-7232 or 724-864-7378, Extension 240

APPLICATION FOR ZONING PERMIT (U.C.C. EXEMPT)

1. Date Received _____ Zoning District _____ Tax Map # _____

Name of Applicant: _____

Applicant Mailing Address: _____

Phone / Cell # () _____ Email: _____

2. Property Owner Name: _____

Owner Mailing Address: _____

Name of Business: _____

Property Location: _____

Phone / Cell # () _____ Email: _____

3. Architect or Engineer Name: _____

Address: _____

Phone# () _____ Fax # () _____

Professional License # _____ Plan Review: _____

4. I hereby certify that all of the above statement and the statement contained in any papers or plans submitted herewith are true to the best of my knowledge and belief.

Applicant Signature: _____ PA One Call Serial # _____
(Call 1-800-242-1776)

VALIDATION (DO NOT WRITE BELOW THIS LINE)

Date _____ This Application is hereby () approved or () denied as noted: _____

Building Permit # _____ Fee \$ _____ Date Paid _____ () Cash () Ck# _____

Occupancy Permit # _____ Fee \$ _____ Date Paid _____ () Cash () Ck# _____

Driveway Permit # _____ Fee \$ _____ Date Paid _____ () Cash () Ck# _____

Site Plan # _____ Fee \$ _____ Date Paid _____ () Cash () Ck# _____

Zoning Appeal # _____ Fee \$ _____ Date Paid _____ () Cash () Ck# _____

Signature of Township Agent

Construction Information

5. Type of Construction: (circle)

New Construction Single Family Multi-Family Renovation Alteration
Addition Demolition Shed Pool Deck
Fence Sign Other: _____

GFA: Gross Footage Area: _____ Estimated Costs: _____

Set Backs: Front _____ Ft. Rear _____ Ft. Sides _____ Ft. _____ Ft.

Permits Required: Building Permit Electrical Permit Mechanical Permit
 Plumbing Permit Energy Permit Accessibility Permit

Estimated Construction Time: _____

Description of Project: _____

6. Contractor or Sub Contractor Name:

Contractor Name: _____

Address: _____

Phone/Cell #: _____ Fax #: _____

PA HIC#: _____