

# TOWNSHIP OF HEMPFIELD

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

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

Date Received \_\_\_\_\_ Zoning District \_\_\_\_\_ Tax Map # \_\_\_\_\_

1. Name of Applicant: \_\_\_\_\_

Applicant Mailing Address: \_\_\_\_\_

Phone / Cell # ( ) \_\_\_\_\_ Email: \_\_\_\_\_

2. Property Owner Name: \_\_\_\_\_

Owner Mailing Address: \_\_\_\_\_

Property Address: \_\_\_\_\_

Phone / Cell # ( ) \_\_\_\_\_ Email: \_\_\_\_\_

3. Contractor Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone# ( ) \_\_\_\_\_ Fax # ( ) \_\_\_\_\_

Professional License # \_\_\_\_\_

### Construction Information

4. Type of Construction: (circle)

New Construction	Single Family	Multi-Family(2)	Renovation	Alteration
Addition	Demolition	Shed	Pool	Deck
Fence	Other: _____			

GFA: Gross Footage Area: \_\_\_\_\_ Estimated Costs: \_\_\_\_\_

Property Line Set Backs: Front \_\_\_\_\_ Ft. Rear \_\_\_\_\_ Ft. Sides \_\_\_\_\_ Ft. \_\_\_\_\_ Ft.

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

Description of Project: \_\_\_\_\_

*Incomplete applications WILL NOT be processed and will be returned to the applicant which will delay the issuance of a permit.*

5. 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)

6. **The Hempfield Township Municipal Authority Approval**

Note: The Hempfield Township Municipal Authority must approve all new construction which requires plumbing such as houses, garages, commercial buildings, and additions.

Permit Required: YES NO
Project: \_\_\_\_\_ Tap Permit # \_\_\_\_\_
Lot/Plan: \_\_\_\_\_ # of EDU(s) \_\_\_\_\_
Allocation Year: \_\_\_\_\_
Approved by: \_\_\_\_\_
Date Issued: \_\_\_\_\_
Payment: \_\_\_\_\_

7. VALIDATION (DO NOT WRITE BELOW THIS LINE)



Date \_\_\_\_\_ This Application is hereby ( ) approved or ( ) denied for Zoning: \_\_\_\_\_

Zoning Permit # \_\_\_\_\_ Fee \$ \_\_\_\_\_ Date Paid \_\_\_\_\_ ( ) Cash ( ) Ck# \_\_\_\_\_
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

***Call for Inspections***

***724-834-7232 X 240***