

# East Deer Township

OFFICE NO: 724-224-3434 FAX NO: 724-224-0564

## Zoning Permit Application

For Sheds, accessory Garages under a 1,000 Sq foot, Fences and Retaining walls

**This Shall be filled out in full and approved before any building permit can be issued or project can be started**

Date: \_\_\_\_\_ **Estimated Construction cost: \$** \_\_\_\_\_  
"Material and Labor"

Job Location address: \_\_\_\_\_

Job description: \_\_\_\_\_

The following information is needed height, Size, and style

Contact Person: \_\_\_\_\_ Cell No: \_\_\_\_\_

Owners Name: \_\_\_\_\_

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

Phone No: \_\_\_\_\_ Ext: \_\_\_\_\_ Office / Cell No: \_\_\_\_\_

**Total square Foot of Project** \_\_\_\_\_: Show all distance from left side of property line \_\_\_&  
Right side of property line \_\_\_ Distance from front property line \_\_\_ Distance from Rear  
property line \_\_\_ Distance from any structure \_\_\_  
Number of story's \_\_\_ Height of structure \_\_\_

**\*\* (A copy of your survey and drawings shall be turned in with this Application)**  
**Failure to do this, permit will be denied**

**(Below this line Office Use Only)**

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**Permit No:** \_\_\_\_\_ **Zoning District:** \_\_\_\_\_

**Parcel No:** \_\_\_\_\_ **Fee: \$** \_\_\_\_\_

**Electrical Fee: \$** \_\_\_\_\_

**Total Fee: \$** \_\_\_\_\_

Date Approved: \_\_\_\_\_ Date Expired: \_\_\_\_\_

Does Set back comply? Yes \_\_\_ No \_\_\_

Is this a Permitted Use? Yes \_\_\_ No \_\_\_

Is Planning Commissioner Approval Needed? Yes \_\_\_ No \_\_\_

Zoning Hearing Board needed? Yes \_\_\_ No \_\_\_

Is a Conditional use required? Yes \_\_\_ No \_\_\_

Can a Building Permit be issued? Yes \_\_\_ No \_\_\_ Date: \_\_\_\_\_

Zoning Officer Approval: \_\_\_\_\_

(Signature)

Comment: \_\_\_\_\_



(Date Received)