



# City of Jeannette

OFFICE OF BUILDING AND ZONING  
 110 S. SECOND STREET  
 JEANNETTE, PENNSYLVANIA 15644  
 (724) 527-4000 X 20

## APPLICATION FOR ZONING

<b>Date:</b> _____	
<b>Property Address:</b> _____	<b>Tax Map No.:</b> 14 - ___ - ___ - ___ - _____
<b>Applicant Name:</b> _____	
<b>Applicant Address:</b> _____ (No P.O. Box # Allowed)	
<b>Applicant Phone #:</b> (     ) _____	<b>Email:</b> _____

<b>Proposed Use:</b> _____ (i.e. New Construction, Addition, Pool, Fence, Shed, Car Port, Etc.)
<b>Brief Description:</b> _____
<b>Dimensions:</b> _____ <b>Value of Construction:</b> \$ _____ (Area) (Height)

Easements	Yes	No	Unsure
Does your property contain easements of any kind?			
Do you have any utility poles on your property?			
Do you have a ditch, stream or wet land on your property?			
Do you have underground utilities on your property?			

If the subject property has previously been granted any type of variance, special exception, and/or other form of relief, please provide the information in the space provided below. Please be specific as to the date of any Zoning Hearings for the property including a photocopy of any deed, recorded plan, agreement, will, covenant, and/or any Zoning Hearing Board decision which contains said restriction, variances, and/or special exceptions which affect the subject property.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

FOR INTERNAL USE ONLY			
Tax Map Number:	Zoning Permit Fee:	Date Paid:	Check Number:



# City of Jeannette

## Property Drawing

In the space below, please provide a sketch of the proposed structure including all relevant details and information. **Please include the following:** Sketch of your property boundary lines; Depiction of all existing and proposed buildings; Distance (in feet) from the proposed structure to all property lines (front, rear, sides), primary facility and any other accessory structures.


Area of Proposed Addition	(a)	_____	sq. ft.
Area of Existing Buildings	(b)	_____	sq. ft.
Total Lot Area Covered ( a + b )	(c)	_____	sq. ft.
Total Lot Area	(d)	_____	sq. ft.
Percentage of Lot Area Covered ( c ÷ d )	(e)	_____	sq. ft.
Is a driveway entrance anticipated from the street?	Yes	No	

## APPLICATION CERTIFICATION

I hereby certify that I am the owner of the above-named property or that I have the authorization by the owner to make application as the authorized agent. I hereby certify that the information contained in this application is true and correct to the best of my knowledge, information and belief. I agree to conform to the Ordinance(s) relating to this registration.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

<b>FOR INTERNAL USE ONLY</b>	
Permit Granted: Yes <input type="checkbox"/> No <input type="checkbox"/>	Reason for Denial (if applicable):
Permit #: _____	
Zoning Officer Signature:	Date: