



K2 ENGINEERING, INC.

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Frank Monack
Project Manager

For Office Use Only

Received By: _____

Date: _____

Amount Paid: _____

Check #: _____

**APPLICATION FOR ZONING PERMIT
RESIDENTIAL OR COMMERCIAL
Tuesdays & Thursdays, 8am – 12 Noon**

SITE INFORMATION

Municipality	Street Address	City
Parcel ID/Tax Map #	Lot Size	
Type of Work/Project		

APPLICANT INFORMATION

Property Owner's Name and Address

Applicants Name and/or Business Name

Home Number

Cell Number

Email

Description of proposed use: _____

Notes: _____

Signature

Date