



BOROUGH OF PARKESBURG

315 West First Avenue, Building 1, Parkesburg, PA 19365
(610) 857-2616

APPLICATION FOR ZONING PERMIT

Applicant: _____
Name Address Phone No.

Proposed Project Description: _____

Location Address: _____

Property Owner: _____
Name Address Phone No.

Project Parcel is a Corner Lot Deed Restrictions on the Project Parcel

If there are deed restrictions, please explain: _____

Lot size:

Length: _____ feet Width: _____ feet

Proposed Structure Location from each Property Line:

Front: _____ feet Rear: _____ feet Side: _____ feet

Proposed Structure Size: _____ sq. ft.

*Provide a sketch showing property boundary and the sizes and locations of all existing and proposed structures.

Signature

Date

Approved by: _____ Date: _____

Permit No: _____ Fee: _____

Mark Harman , Zoning Officer
610-857-2616
Fax: 610-857-1102