GLEN OSBORNE BOROUGH
P.O. Box 97, Sewickley, PA 15143

Phone: 412-699-3850
glenosborneborough.org

Zoning Permit Application

Permit #: _____
Date Issued: _____

LOCATION OF PROPOSED WORK OR IMPROVEMENT

Street Address: _____

Owner(s) Name(s): _____

Phone: _____ Email: _____

Mailing Address: _____

TYPE OF PROPOSED WORK OR IMPROVEMENT (check all that apply)

☐ Buildings & Structures ☐ Demolition Activities ☐ Exterior Deck ☐ Grading ☐ Walls ☐ Fencing
☐ Shed ☐ Signs ☐ HVAC Equipment ☐ Other _____

DESCRIPTION OF PROPOSED WORK OR IMPROVEMENT

CONTRACTOR DETAILS

Contractor Name: _____ Phone: _____

Address: _____

Email: _____ License/Builder Reg. #. _____ Federal EIN: _____

Workers' Compensation Insurance Co. _____ Policy #: _____

Policy Exp. Date: _____ Estimated Cost of General Construction: $ _____

Construction Drawings: ☐ Yes ☐ No L & I Approval #: _____

APPLICANT CERTIFIES THAT ALL INFORMATION IS CORRECT AND SHALL BE RESPONSIBLE FOR REVIEWING AND UNDERSTANDING ALL PERMIT CONDITIONS AND INSURING TO ALL APPLICABLE CODES AND ORDINANCE.

_____ _____ _____
Applicant/Agent Signature Print Name Date

FOR OFFICIAL USE ONLY

Zoning Classification of Property: _____ Subdivision: _____ Lot Size: _____ Lot & Block: _____

BOCA Edition: _____ Use Group Classification: _____ Type of Construction: _____

Area of Volume: _____ (cubic/square feet)

Comments: _____

ZONING PERMIT APPLICATION: ☐ Approved ☐ Denied

Reason for denial (if applicable): _____

Zoning Official: _____ Date: _____ Other: _____ Date: _____

PERMIT FEE(S): $100 + 1% of estimated construction costs **Total Fee(s): $**_____