

**CURWENSVILLE BOROUGH ZONING PERMIT
APPLICATION**

900 SUSQUEHNNA AVENUE

CURWENSVILLE PA 16833

814.236.1840

Date: _____

Property Map# _____

Work Site Address _____

Property Owner Name(s) _____ Phone Number _____

Owner Mailing Address _____

Contractor _____ Phone Number _____

Contractor Address: _____

Contractor Insurance Attached Yes No On File N/A

Description of proposed work: _____

Cost of Construction _____

Site Plan Attached Yes No N/A

I hereby certify that the proposed work is authorized by the owner of record and that I am or have been authorized to make this application as his/her authorized agent and we agree to conform to all applicable laws of this jurisdiction.

Property Owner/ Applicant Signature _____

Date _____

Office Use Only Below:

Zoning Permit# _____

Zoning District _____

Zoning Setbacks: Front _____ Side _____ Rear _____

Zoning Set Backs met Yes No

Flood Zone Yes No

Zoning Permit Application \$60.00

Total Fee _____

Paid Date _____

Check or Receipt# _____

Approved by Zoning Officer _____ Date _____

or Denied