

# APPLICATION FOR ZONING PERMIT

Borough of Jamestown, PO Box 188, 406 Jackson Street, Jamestown, PA 16134  
Phone 724-932-5211 Fax: 724-932-3837

Date \_\_\_\_\_ Permit # \_\_\_\_\_

Approved By \_\_\_\_\_ Date \_\_\_\_\_

Applicant \_\_\_\_\_

Address \_\_\_\_\_, Jamestown PA

Phone (\_\_\_\_) \_\_\_\_\_ -- \_\_\_\_\_ Cost \$ \_\_\_\_\_

Job Location \_\_\_\_\_, Jamestown PA  
( ) Dwelling ( ) Commercial

Type of Improvement \_\_\_\_\_ Use \_\_\_\_\_

No. Stories \_\_\_\_\_ Area 1<sup>st</sup> Floor \_\_\_\_\_ Area 2<sup>nd</sup> Floor \_\_\_\_\_

Length \_\_\_\_\_ Width \_\_\_\_\_ Total Sq. Feet \_\_\_\_\_

( ) Yes ( ) No – Plans submitted for review

Contractor \_\_\_\_\_ Phone ( ) \_\_\_\_\_ -- \_\_\_\_\_

Zoning District \_\_\_\_\_ Lot & Block # \_\_\_\_\_

Size of Lot: Wide \_\_\_\_\_ Depth \_\_\_\_\_

NOTICE: I hereby agree to abide with the Borough rules as set forth in Ordinance passed by Council with inspections as required before Occupancy of structure or part.

Signed Applicant \_\_\_\_\_

*Application fee for Zoning Permit:*

**\$20.00**

*Make check payable to: Jamestown Borough*

Fee paid \$ \_\_\_\_\_ Date \_\_\_\_\_ Received By \_\_\_\_\_  
Cash \_\_\_\_\_ Check # \_\_\_\_\_ Other \_\_\_\_\_