WASHINGTON TOWNSHIP
ZONING PERMIT APPLICATION
11800 Edinboro Road, Edinboro, PA. 16412
814-734-3117

Property Index Number (45)_____ Permit No. _____

Address of New Building/s or Addition/s_____

Name of Applicant_____ Phone #_____

Address _____ Owner Contractor

Name of Owner _____Phone Number _____

Current Address _____

Type of Structure_____ Zoning District: _____

Lot Size: Square Feet _____/ Acres _____/ Dimensions _____

Structure Size: Length _____ft. Width _____ft. Total Floor Area _____sq. ft. Height _____ ft. No. of Stories _____

Setback from Property Lines: (Note: Corner Lots have (2) front yards.)
Required: Front Yard Setback _____ft. Side Yard Setback _____ft. Rear Yard Setback_____ ft.

Proposed: Front Yard Setback ____ft./ ____ft. Side Yard Setback _____ft./ _____ft. Rear Yard Setback _____ft.

Type of Occupancy: _____Single Family _____Multi-Family _____Commercial _____Industrial _____Other

Items Submitted With This Application:

_____ Sketch Plan
_____ Erie Co. Health Dept. Septic Permit
_____ PA Dept of Labor & Industry Permit
_____ Certificate of Workers Compensation Ins.
_____ Erosion Control Plan
_____UCC Inspection Fee
_____ Subdivision and/or Plot Plan
_____ Highway Occupancy Permit
_____ Demolition Permit
_____ Driveway Permit
_____ Stormwater Plan
_____ Other

Cost of Construction $ _____

Permit Fee	$ _____	Occupancy Fee	$ _____
Sewer Connection Fee	$ _____	Water Connection Fee	$ _____
Inspection Fee	$ _____	Water/ Sewer Bond	$ _____

Total Fees $ _____ Date Paid: _____

As applicant, I certify that the above information is true and correct to the best of my knowledge, and I further agree to comply with the provisions of the Washington Township Zoning Ordinance #4-90 as amended, and all other applicable laws and regulations of Erie County, Commonwealth of PA, including Act 222 of 1980, and the United States, whether of not specified on this application. As applicant, I understand that it is my responsibility to insure that any structure meets Zoning Ordinance setback requirements, and that this permit may be revoked at any time if it appears that the application or the work being done upon the premises is different from that of the application, or is found to be inconsistent with applicable ordinances of the Township, and that non-compliance violations may result in fines and/or removal of the structure.

AN OCCUPANCY CERTIFICATE IS REQUIRED PRIOR TO USE OF STRUCTURE * Contact Township office for issuance

Date: _____ Signature of Applicant _____

Reviewed/ Issued by the Washington Township Zoning Officer: _____ Date: _____
Note: Upon execution by the Township, this will be your official Zoning Permit

Property Owner Performing Own Work. Or Contractor with no employees assumes liability for compensation laws of PA.
Signature _____ Date _____