

GLEN OSBORNE BOROUGH
P. O. BOX 97
SEWICKLEY, PA 15143

PERMIT NO. _____
DATE ISSUED _____

ZONING PERMIT APPLICATION

LOCATION OF PROPOSED WORK OR IMPROVEMENT:

Street Address: _____
Owner(s) Name: _____
Phone: _____ Mailing Address: _____
Email: _____

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:

Name	Address
Phone	Email
Lic./Bldrs. Reg. No.	Federal Emp. No.
Worker's Compensation Insurance Co.	
Policy #	Expiration Date
Estimated Cost of General Construction \$	Construction Drawings <input type="checkbox"/> Yes <input type="checkbox"/> No
L & I Approval No.	

Printed Name of Owner(s)/Agent Signature of Owner(s)/Agent Date
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 Ordinances.

Borough 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 _____

Application: Approved Denied – Reason(s) _____

Zoning Official _____ Date _____ Other _____ Date _____

Permit Fee(s): Zoning \$ _____ (\$100 + 1% of estimated construction costs)

Total Fee \$ _____