

**Smith Township**  
**P.O. Box 94, Slovan, PA 15078**  
**Ph. No. (724) 947-9456**  
**Fax No. (724) 947-2715**

**Application Fee \$125.00**

**ZONING PERMIT APPLICATION**

**Date Application Received** \_\_\_\_\_

**Location of Property:** \_\_\_\_\_

**Parcel Number** \_\_\_\_\_

**Applicant Name** \_\_\_\_\_

**Owner Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Phone #** \_\_\_\_\_

**Proposed Use of Bldg./Structure** \_\_\_\_\_

**Description of Construction** \_\_\_\_\_

**CURRENT USE OF PROPERTY:**

\_\_\_ Residential \_\_\_ Single Family \_\_\_ Duplex \_\_\_ Multi-Family

\_\_\_ Commercial/Industrial – Please specify \_\_\_\_\_

Other: \_\_\_\_\_

**SETBACKS:**

From Right Property Line: \_\_\_\_\_ Ft.      From Left Property Line: \_\_\_\_\_ Ft.

From Front Property Line: \_\_\_\_\_ Ft.      From Back Property Line: \_\_\_\_\_ Ft.

Maximum Height of Structure Proposed: \_\_\_\_\_ Ft.

**A drawing of property layout for construction needs to be accompanied with the Zoning Application**

**Zoning**     **APPROVED**     **DENIED (For Municipal Use Only)**

**Zoning Officer:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Reason for Denial:**