

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:

\_\_\_\_\_