

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 _____

Data Collector from the County will be doing an assessed visit on the site!

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:
