

Permit No. _____

Date _____

**TOWNSHIP OF JACKSON
CAMBRIA COUNTY, PA**

APPLICATION FOR ZONING PERMIT

I/We the undersigned, hereby make application for a permit to erect / demolish / move a

_____ on my property located at _____.

The shape and size of the lot on which the structure is proposed to be erected, along with the location and size of all existing structures, and location and size of the proposed structure, addition or alteration is shown on the reverse side or attached plan.

The property is located in a _____ district. (If not known, see Zoning Map). Each district has different use, setback and area regulations.

Complete the following for the proposed construction:

Height of Structure _____
Front Yard Setback from Lot Line _____
Side Yard Setback from Lot Line _____
Side Yard Setback from Lot Line _____
Rear Yard Setback from Lot Line _____

Zoning Officer Use

Allowable _____

Allowable _____

Allowable _____

Allowable _____

Allowable _____

Percent of Lot Area To be Covered _____

For Commercial: _____

Comments:

Proposed Use of Building: _____

Approximate Cost: \$ _____

Name of Contractor _____

Name of Applicant(s) _____

(Please print clearly)

Address: _____

Phone No. _____

(Signature of Applicant)

The information provided is true to the best of my knowledge.

This zoning permit shall expire ninety (90) days from the date of issuance, if the work described in the permit is not begun. If the work described has begun, the permit shall expire after two (2) years.

DO NOT WRITE BELOW THIS LINE
Township Use Only

Permit Approved _____ (Zoning Officer) _____ (Date)

Permit Refused _____ (Zoning Officer) _____ (Date)

Reason for Refusal _____

Review Fee	_____	
Permit Fee	_____	
Use & Occupancy Fee	_____	
Total Fee	_____	Date Paid _____
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