545 Hamilton Road
Pittsburgh, PA 15205

www.thornburgborough.org
412.921.3713

ZONING PERMIT APPLICATION

PROPERTY OWNER: _____ PHONE: _____

ADDRESS: _____

SITE LOCATION: _____

TAX PARCEL ID(s): _____ ZONING DISTRICT:

S P-1 P-2 R-1 R-H R-2 I-1

CURRENT USE OF PROPERTY:
____Residential ____Single Family ____Duplex ____Multi-Family
____Commercial / Industrial - Please specify _____
____Other: _____

PROPOSED USE OF PROPERTY: _____
_____

(Attach 4 copies of proposed site plan)

SETBACKS PROVIDED: Front (____)ft Rear (____)ft Left (____)ft Right (____)ft
MAXIMUM HEIGHT OF STRUCTURE PROPOSED : (_____)ft

PLEASE CHECK ONE:
_____ PERMITTED USE _____ CONDITIONAL USE
_____ SPECIAL EXCEPTION _____ OTHER (*describe*):_____

ARE ANY VARIANCES REQUIRED/REQUESTED: ___ NO ___ YES *(please attach approvals)*
PLAN APPROVALS (as applicable): Planning Commission Date: _____
Board of Supervisors Date: _____

I hereby make application for a zoning permit only for the location and the work described herein and certify to the accuracy of that information. I further certify I am the property owner, or a duly authorized representative on behalf of the owner(s) of said property, and I have read and understand all of the conditions of this permit and will construct the project in compliance with those conditions and all applicable Borough Ordinances and requirements.

DATE: _____ SIGNATURE OF APPLICANT: _____

FOR OFFICE USE ONLY

Complete Application Date Received: _____ Permit #: _____
Total Fee Paid: $_____ Plan Approved: _____
Approved/Denied (reason): _____
Zoning Officer Signature: _____