

County of Fayette
Office of Planning, Zoning and Community Development
2 West Main Street, Suite 211
Uniontown, Pa 15401
724-430-1210 (724-430-4029-FAX)

APPLICATION FOR ZONING PERMIT

Property Owner's Name _____

Mailing Address _____ Phone No. _____

City _____ State _____ Zip Code _____

Previous Owner (purchased within last 2 years only) _____

Municipality _____ Street or Road _____

Subdivision _____ Lot No. on subdivision _____

Parcel ID # _____ Acreage _____ Zoning District _____

Present Use of Premises _____

Proposed Use/Alteration/Construction _____

If applying for gas well, please specify type & nearest named road _____

Starting Date _____ Estimated Date of Completion _____ Type of Construction _____

Height in Stories _____ Building heated by _____ No. of bathrooms _____

Size of Building _____ Estimated Cost for project _____

Have any of the following been previously approved?

Type	Please Identify With Case Number
Special exception	_____
Variance	_____
Non-conforming Use	_____
Rezoning	_____
Land Development Plan	_____ (name & recording #)

Type of Sewage Available*: Public/Municipal Sewage On-lot Sewage System

*Required answer even if the application type will not generate sewage

Is your property located in the MonFayette Expressway Overlay (§1000-403) _____

Is your property subject to the 100year flood plain as shown on FEMA mapping(§1000-402) _____

Setbacks will be provided when the permit is issued. Compliance must be met for any structure proposed. Failure to meet the setbacks will result in the application/permit being null and void. You are not permitted to begin construction or use without obtaining the necessary permits, both zoning and/or building permits. Contact your local municipality to determine if additional permits are required. Should it be determined any information in this application is false, the application becomes null and void. No refunds will be issued. You may be required to obtain a driveway permit from either PennDOT or the municipality.

Note: Disapproval may be appealed within 30 days to the Zoning Hearing Board.

Date _____ Owner's Original Signature _____

Date _____ Applicant's Signature (if applicable) _____

Fee _____ Payment (Incl. check #) _____ Receipt # _____

Setbacks _____ Taken By _____