TOWNSHIP OF FINDLAY
Use By Right

Please print or type. Missing or incomplete information may cause a delay in the processing of this application.

Name of Owner: _____ Phone: _____

Address of Owner: _____

Name of Applicant: _____ Phone: _____

Address of Applicant: _____

Engineer: _____ Phone: _____

Project/Site Name: _____

Address/Location: _____ County Tax Ident.# _____

Acreage or Sq.Ft. _____ Zoning: _____ Overlay District: _____

Est. Completion Date _____ Est. Proj. Cost _____

RESIDENTIAL:
No. of Lots: _____ No. Buildings: _____ No. of Dwelling Units: _____

COMMERCIAL/INST:
No. Buildings: _____ No. of Shops: _____ Total Sq.Ft: _____

Present Use: _____

Proposed Use or Alterations: _____

_____

Has a previous application been filed with the Supervisors for this property? _____

If so, when? _____

INSTRUCTIONS TO APPLICANT

This application must be submitted to the Zoning Administrator along with the following supplemental materials:
(a) Three (3) copies of a Site Plan, as defined by the Findlay Township Zoning Ordinance, in addition to an electronic copy;
(b) Completed Site Capacity Worksheet (available at Township Office);
(c) Application review fee:
Single Family - $25.00
Commercial/Industrial - $25.00 1st 5,000 sq.ft. + 2.00 each additional 1,000 sq.ft. and $200.00 escrow
Apartments - $25.00 1st three + 5.00 each additional apt and $200.00 escrow

_____ _____
Signature of Owner Date

COMMONWEALTH OF PENNSYLVANIA
COUNTY OF ALLEGHENY

****NOTE: NOTARY NOT REQUIRED FOR RESIDENTIAL****

_____, being duly sworn, deposed and says that he is the owner of the premises herein described, and that all the above statements contained in any papers or plans submitted herewith are true to the best of my knowledge and belief. Sworn to and subscribed before me this _____ day of _____, 20_____.

_____ _____
Notary Public Date

My commission expires: _____ (SEAL)

APPROVED BY:

_____ _____
Zoning Administrator *Date*

OFFICIAL USE ONLY:

DATE OF APPLICATION: _____ AMOUNT PAID: _____ BUILDING PERMIT #: _____
CHECK # _____