Borough of Coraopolis

Municipality Use Only	
Date:	
Rcd By:	
Fee Rcd:	
Check #:	

ZONING PERMIT APPLICATION

Please complete **ALL** sections. Application is not considered complete if information is missing.

PROPERTY OWNER: _____

OWNER ADDRESS: _____

PHONE: _____ EMAIL: _____

SITE ADDRESS: _____

TAX PARCEL ID: _____

ZONING DISTRICT (circle): R-1 R-2 R-3 P I-1 I-2 C-2 C-3

PROPOSED WORK: ___ Fence ___ Addition ___ Inground/Aboveground Pool ___ Shed ___Deck/Patio

___Other: _____

_____

LOT / LAYOUT INFORMATION:

Sq Ft of Work	_____ sqft	Height	_____ ft
Front Setback	_____ ft	Side Setback	_____ ft
Rear Setback	_____ ft	Side Setback	_____ ft

CURRENT USE OF PROPERTY: ☐ Residential ☐ Non-Residential / Commercial

PROPOSED USE OF PROPERTY: ☐ Residential ☐ Non-Residential / Commercial

REQUIRED DOCUMENTS:

- Dimensional site plan showing property boundaries, proposed work, existing structures, building setbacks and impervious coverage.
- Additional information as deemed necessary by the zoning officer to make a final determination.

I hereby submit this 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 Municipal Ordinances and requirements.

_____ _____

Signature of Applicant Date

_____

Printed Name

Payments should be made payable to Coraopolis Borough, with the property address in the memo section.

FOR INTERNAL OFFICE USE ONLY

Complete Application Received: _____ Date Reviewed: _____ Permit No: _____

Approved/Denied (reason): _____

Zoning Officer Signature: _____

1301 4th Avenue Coraopolis PA 15108
412-264-3002 MAIN OFFICE • 412-264-6951 FAX
CoraopolisPA.com