

UNION TOWNSHIP ZONING APPLICATION

Project Information

Property Location _____

Tax Parcel ID: _____ Zoning District _____

Owner _____ Phone Number _____

Address _____ Email _____

Purpose Please check below (X)

New Building Alteration Addition Razing Other

Nature of Improvements: _____

Contractor Name and Phone Number _____

Lot/Layout Information

Size (Sq. Ft.) _____

Proposed Front Setback _____ Ft.

Proposed Rear Setback _____ Ft.

Proposed Side Setback _____ Ft.

Is your parcel on the Peters Creek Sewage Authority System? Yes No If yes, please attached a lot plan/survey of your parcel.

Use (Please check X) Residential Non-Residential/Commercial

Fees: Residential Zoning Permit \$100 Non-Residential/Commercial \$250

Please remit payment to: Union Township 3904 Finleyville-Elrama Rd. Finleyville PA 15332

The above information is true and accurate pertaining to my request for a zoning permit.

Signature of Applicant

Date