

# BOROUGH OF SWISSVALE

## ZONING COMPLIANCE PERMIT APPLICATION

SITE ADDRESS: \_\_\_\_\_

LOT & BLOCK or TAX PARCEL \_\_\_\_\_

PRIMARY BUILDING TYPE:  RESIDENTIAL  COMMERCIAL

### PROJECT DESCRIPTION:

RESIDENTIAL ACCESSORY USE STRUCTURE  FENCE  NEW RETAINING WALL  
*(Garage, Shed, etc. under 1000 square feet)* *(Under 6 feet in height)* *(Under 4 feet in height)*

SIGN INSTALLATION OR REPLACEMENT:  TEMPORARY SIGN (Must include text in narrative)

SIGN SIZE: \_\_\_\_ X \_\_\_\_ = \_\_\_\_\_ Square Feet BUILDING FRONTAGE (Measure in linear feet): \_\_\_\_\_

ESTIMATED START DATE: \_\_\_\_\_ ESTIMATED COMPLETION DATE: \_\_\_\_\_

### APPLICANT OR AUTHORIZED AGENT:

APPLICANT NAME: \_\_\_\_\_

APPLICANT ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_ FAX: \_\_\_\_\_

E-MAIL \_\_\_\_\_

PROPERTY OWNER:  SAME AS APPLICANT

OWNER NAME: \_\_\_\_\_

OWNER ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_ FAX: \_\_\_\_\_

E-MAIL \_\_\_\_\_

CONTRACTOR:  SELF

CONTRACTOR NAME: \_\_\_\_\_

CONTRACTOR ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_ FAX: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

PA HOME IMPROVEMENT CONTRACTOR REGISTRATION NUMBER: \_\_\_\_\_

### LOT DIMENSIONS AND COVERAGE INFORMATION:

*(Applicable to Accessory Structure Applications Only)*

LOT DIMENSION: \_\_\_\_\_ X \_\_\_\_\_ = \_\_\_\_\_ SF

EXISTING BUILDING: \_\_\_\_\_ X \_\_\_\_\_ = \_\_\_\_\_ SF

PROPOSED AREA: \_\_\_\_\_ X \_\_\_\_\_ = \_\_\_\_\_ SF

**(COVERAGE AS PERCENTAGE OF LOT)**

EXISTING STRUCTURE: \_\_\_\_\_

PROPOSED ADDITION: \_\_\_\_\_

TOTAL LOT COVERAGE: \_\_\_\_\_

ADDRESS:

DATE  
APPROVED:

PERMIT  
NUMBER:

PLAN  
NUMBER:

**DETAILS OF WORK TO BE PERFORMED:**

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**PERMIT FEES:**      **SHED, FENCES & RETAINING WALLS:**      **\$20.00**

**SIGNS- Under 20 Square Feet:**      **\$25.00**

**SIGNS- Over 20 Square Feet:**      **\$25.00 plus \$2.00 per square feet over 20**  
(If a 2 sided sign, total square footage of both sides apply to calculation for permit fee)  
Applicant shall include or attach the exact text and description of what is on the proposed sign

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By signing below, I certify that I am the property owner or authorized agent thereof and all information contained herein and/or furnished by me along with this application is true and correct to the best of my knowledge. Furthermore, I acknowledge:

- This project will be constructed in accordance with the approved drawings and/or specifications and in compliance with the Borough Swissvale Zoning Ordinance other applicable codes and ordinances.
- Any changes to the project from the submitted plans or documents must be approved by the Zoning Official.
- The owner or applicant agrees to provide any additional information as may be required by the Zoning Official.
- The Borough of Swissvale and its authorized representatives shall have the authority to enter areas covered by such permit at any reasonable hours to inspect and enforce applicable provisions of the codes and ordinances.
- Applicant shall provide and attach hereto a copy of the construction contract with the licensed contractor.
- Contractor shall provide proof of current general liability insurance.
- Applicant shall provide and attach hereto a signed copy of the Workers' Compensation Addendum.

\_\_\_\_\_  
Name of Applicant

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**\*\*\* OFFICE USE ONLY \*\*\***

DATE RECEIVED: \_\_\_\_\_

ZONING PERMIT FEE:      \$ \_\_\_\_\_

ZONING PERMIT:       APPROVED     DENIED

ZONING DISTRICT:      \_\_\_\_\_

DATE: \_\_\_\_\_

ZONING COMPLIANCE?       YES     NO

BY: \_\_\_\_\_

CONDITIONAL USE REQUIRED?     YES     NO

PERMIT NUMBER: \_\_\_\_\_

VARIANCE REQUIRED       YES     NO

REASON(S) FOR DENIAL \_\_\_\_\_

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