

WINFIELD TOWNSHIP ZONING CERTIFICATION

194 Brose Road
Cabot, PA 16023
(724) 352-3333 FAX (724) 352-3815

Permit No. _____ Date: _____ Permit Fee: \$ _____

Owner name per deed or title _____

Property Address _____

Applicant's Mailing address _____

Telephone Number _____ Map & Parcel No. _____

Type of Improvement: _____
(such as new building, addition, alteration, replacement, etc.)

Proposed
Use: _____
(such as single family, garage, duplex, porch, pool, public utility, etc.)

Sewage Disposal: Private permit no. _____ sewage permit attached
Certificate of Insurance: copy attached _____ Contractor: _____
Estimated Value \$ _____

Driveway permit required: _____ yes _____ no _____ If yes, permit attached
Storm Water Management Plan: attached. If commercial-reviewed by engineer _____

Dimensions: _____ Total Acreage: _____ Sq. Ft. _____
Commercial: Number of parking spaces _____ L & I permit attached

Building Setback Location: From center of road _____ From left side _____
From right side _____ From rear _____

Is property Located in a Floodplain: _____ yes _____ no

Special Notes _____

Signature of Municipal Officer _____

The undersigned hereby certifies that the information above is accurate and complete and agrees to conform to all laws of Winfield.

APPLICANTS SIGNATURE _____