

NON - Resident Zoning Application

Brady Township

141 West Liberty Road

Slippery Rock, PA 16057

Phone: 724-738-1588 Fax: 724-738-9187

Non Resident Zoning Application Fee - \$100.00

Please make checks payable to "Brady Township"

****NOTE: Work started without a Zoning Permit and/or Building Permit will incur a surcharge of two times the fee amount.**

ZONING PERMIT NO: 2020-_____

Parcel ID # _____

1. Applicant/Current) Property Owner:

LAST NAME

FIRST NAME

MI

SITE ADDRESS

MAILING ADDRESS

CITY-STATE-ZIP

CITY-STATE-ZIP

TELEPHONE

TELEPHONE

2. Contractor Information

Self contracted

NAME OF CONTRACTOR

ADDRESS

CITY-STATE-ZIP

TELEPHONE

3. Type of Permit: ___ Commercial ___ Residential ___ Farm ___ Non-Residential

___ New Building

___ Addition

___ Alteration

___ Relocation

___ Repair/Replacement

___ Other: _____

4. Category:

- Residential
- Agricultural/residential
- Highway Commercial
- Light Industrial
- Park Conservation
- School
- Church
- Public Utility
- Other: _____

5. Building Characteristics:

- Brick/Stone/Block
- Vinyl Siding
- Wood Frame
- Structural Steel
- Reinforced Concrete
- Other: _____

6. Building Setbacks:

- From Center of Road - _____
- From Right-of-Way- _____
- From Left side - _____
- From Right side - _____
- From rear - _____
- Total Acreage - _____
- Dimensions – _____

7. Other structures on Property

- House
- Mobile Home/Manufactured/Modular
- Apartment Building
- Garage
- Barn
- Shed
- In-ground Pool
- Above-ground Pool
- Patio-Deck
- Other: _____

8. Description of work to be performed

PLOT PLAN DRAWING:

**THE UNDERSIGNED ATTEST THE INFORMATION CONTAINED IN THIS APPLICATION
IS TRUE AND ACCURATE UNDER PENALTY OF LAW.**

SIGNATURE OF APPLICANT

DATE

OFFICIAL USE ONLY

____ Lot Shape
____ Lot Dimensions
____ Building Location
____ Driveway Location/Dimensions
____ Dimensions to Property Line
____ Septic Location

____ Road/Street Name
____ Construction location
____ Plot Plan Drawing

NOTES: ____ Building Permit Needed (Referred to Richardson Inspections Services)

____ APPROVED: _____

____ DISAPPROVED: _____

ZONING OFFICER: _____
DATE: _____

Paid: \$ _____ Check # _____