## BUILDING AND/OR ZONING PERMIT APPLICATION

UNION TOWNSHIP, MIFFLIN COUNTY
BELLEVILLE, PENNSYLVANIA 17004

PERMIT NUMBER _____
APPLICATION DATE _____
DATE ISSUED _____
PAID AMOUNT _____
ZONING DISTRICT _____

Application is hereby made to the Union Township Supervisors for a Building and/or Zoning Permit in conformity with the requirements of the Union Township Zoning Ordinance and any amendments

---

APPLICANT'S NAME _____
ADDRESS _____
CITY, STATE, ZIP _____
TELEPHONE NUMBER _____

TYPE AND COST OF BUILDING – ALL APPLICANTS COMPLETE BOTH FRONT AND BACK SIDES OF THIS FORM.

**TYPE OF IMPROVEMENT**

_____ NEW BUILDING
_____ ADDITION
_____ ALTERATION
_____ REPAIR, REPLACEMENT
_____ SIGN PLACEMENT
_____ CHANGE IN USE

**RESIDENTIAL**

_____ ONE FAMILY
_____ TWO OR MORE
_____ GARAGE
_____ CARPORT
_____ OTHER

**NON-RESIDENTIAL**

_____ AMUSEMENT, RECREATION
_____ CHURCH
_____ INDUSTRIAL
_____ HOSPITAL
_____ PARKING GARAGE
_____ SERVICE STATION
_____ HOSPITAL, INSTITUTIONAL
_____ OFFICE, BANK
_____ PUBLIC UTILITY
_____ STORES
_____ SCHOOL, LIBRARY
_____ OTHER _____

---

**OWNERSHIP**

____ PRIVATE ____ PUBLIC

**COST**

ESTIMATED COST $ _____ CONTRACTOR _____

**PRINCIPAL TYPE OF FRAMING**

_____ MASONRY (WALL BEARING)
_____ WOOD FRAME
_____ STRUCTURAL STEEL
_____ REINFORCED CONCRETE
_____ OTHER

**TYPE OF WATER SUPPLY**

_____ PUBLIC
_____ PRIVATE (WELL, CISTERN)

**TYPE OF SEWAGE DISPOSAL**

_____ PUBLIC
_____ PRIVATE
_____ SEWAGE PERMIT NUMBER

**IT IS THE RESPONSIBILITY OF THE APPLICANT TO BE IN COMPLIANCE WITH ALL RULES, REGULATIONS AND REQUIREMENTS OF THE PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION (DEP). UNION TOWNSHIP ASSUMES NO LIABILITY FOR ANY NON-COMPLIANCE AS MANDATED BY DEP.**

**DIMENSIONS OF BUILDING**

_____ NUMBER OF STORIES

_____ TOTAL SQ. FT. ALL FLOORS

_____ DIMENSIONS

**NUMBER OF OFF-STREET PARKING**

_____ ENCLOSED _____ OUTDOORS

_____ NUMBER OF BEDROOMS

_____ NUMBER OF BATHROOMS

_____ FULL ____ PARTIAL

FRONT YARD _____ SIDE YARD _____

REAR YARD _____

NOTES _____

**SITE OR PLAT PLAN**

PLEASE MAKE A DRAWING OF PROPOSED BUILDING AND/OR CHANGES SHOWING PROPERTY LINES.

SUBMITTED HEREWITH IS A DRAWING OF PROPOSED PLAN OF THIS LOCATION SHOWING PROPOSED WORK. IT IS ENCOURAGED THAT THE DRAWING BE DRAWN TO SCALE.

NOTE: ANY AGGRIEVED PERSON HAS THIRTY DAYS TO FILE AN APPEAL TO CONTEST THE VALIDITY OF THIS PERMIT. THE PERMIT HOLDER WHO PROCEEDS WITH CONSTRUCTION DURING THIS THIRTY DAY PERIOD DOES SO AT HIS OWN RISK.

_____ _____

Applicant Signature Union Township Zoning Officer