



801 FIRST AVENUE, CONWAY, PA 15027 724-869-5550 Fax 724-869-9959

Office Use Only	
Date: Rcd By: Fee Rcd:	
Check #:	

ZONING PERMIT APPLICATION

PROPERTY OWNER:	
PHONE:	EMAIL:
ADDRESS:	
SITE LOCATION:	
TAX PARCEL ID:	ZONING: R-1 R-2 R-3 C-1 C-2 I-F
Commercial / Industrial - Please s	milyDuplexMulti-Family specify
PROPOSED USE OF PROPERTY:	
(Attac	ch 4 copies of proposed site plan)
SETBACKS PROVIDED: Front ()ft MAXIMUM HEIGHT OF STRUCTURE PR	Rear ()ft Left ()ft Right ()ft
PLEASE CHECK ONE: PERMITTED USE SPECIAL EXCEPTION	CONDITIONAL USE OTHER (describe):
	PESTED: NO YES (please attach approvals) Planning Commission Date: Board of Supervisors Date:
accuracy of that information. I further certify I on the commental of the comments of said property, and I have read of the comments.	only for the location and the work described herein and certify to the am the property owner, or a duly authorized representative on behalf of and understand all of the conditions of this permit and will construct the dall applicable Township Ordinances and requirements.
DATE:SIGNATURE (OF APPLICANT:
ı	FOR OFFICE USE ONLY
Zoming Officer Signature.	

BOROUGH OF CONWAY

801 First Avenue Conway, PA 15027-1598

Phone: (724) 869-5550 / Fax: (724) 869-9959

Zoning Permit Submittal Requirements:

- A completed Zoning Permit Application
- Two (2) sets of site plans showing existing buildings and impervious surfaces and the proposed work to be done.
- A copy of the Certificate of Insurance from the company performing the proposed work.
- A copy of the Notarized Affidavit, if you are performing the work yourself. (Not required if a company is doing the work.)
- Payment in the amount of \$65.00 for the review of the application (checks made payable to the Borough of Conway). Any additional fees would be payable at the time the permit is approved.