BOROUGH OF VANDERGRIFT
Department of Public Safety      Bureau of Inspection

APPLICATION FOR ZONING AND BUILDING PERMIT

OWNER'S NAME: _______________________________ DATE ____________

OCCUPANT: __________________________________ PHONE __________

ADDRESS: ________________________________________________

ZONING DISTRICT ___________ LOT AREA __________ BUILDING AREA ___________

VALUE OF CONSTRUCTION $________ PERMIT FEE $________

TO:      Chief, Bureau of Inspection, Borough of Vandergrift
           Municipal Building, Vandergrift, Pennsylvania 15690

APPLICATION is hereby made by the undersigned for PERMIT to:
   Type of Building:          ( ) Industrial         ( ) Commercial         ( ) Residential
   Type of Construction:      ( ) New              ( ) Remodel            ( ) Demolish  ( ) Remove

in or on the premises described above or otherwise known as: ______________________________________

Describe the type, extent and general description of the work for which PERMIT is requested:

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Attach to application (when applicable) drawings of the proposed construction.

Attach to application (when applicable) a plot plan, drawn to scale, showing accurately the size and exact
location of all proposed new construction and the relation to other existing or proposed buildings or
structures on the same lot.

As part of this application, the undersigned guarantees that the conditions, surroundings and
arrangements relative to the above shall be in accordance with the applicable codes or ordinances; that
notification shall be given to the Bureau if and when the status of the above described shall be changed
and construction begun. Approval of this application does not imply certification of compliance with
standards, codes, good practices and does not impose any liability in any manner whatsoever on the
Borough, its officers, employees, agents or Bureau personnel.

DATE: _______________ SIGNATURE OF OWNER __________________________

DATE: _______________ SIGNATURE OF CONTRACTOR __________________________

ENDORSEMENTS:

This application ( ) does ( ) does not require complete set of plans.
This application ( ) is ( ) is not approved insofar as Zoning Ordinance.
This application ( ) is ( ) is not approved insofar as Building Ordinance.
This application ( ) does ( ) does not require Dept. of Labor & Industry approval.

THIS APPLICATION IS HEREBY ( ) APPROVED  ( ) DISAPPROVED THIS ________ day of

____________________, __________ For reason of

____________________________________________________________________________________

REMARKS:______________________________________________________________________________

Chief, Bureau of Inspection

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