

MUNICIPALITY OF MONROEVILLE ZONING PERMIT APPLICATION

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|-------|----------|-----------|--|
| LOG # | PERMIT # | RECEIPT # | |
|-------|----------|-----------|--|

APPLICANT MUST COMPLETE ALL ITEMS IN SECTIONS A-E

| | |
|--------------------------------|--------------------|
| LOCATION OF BUILDING/ PROPERTY | ADDRESS: _____ |
| | BLOCK & LOT: _____ |

A. TYPE OF IMPROVEMENT

| | |
|---|--|
| <input type="checkbox"/> NEW CONSTRUCTION | <input type="checkbox"/> ADDITION |
| <input type="checkbox"/> ACCESSORY STRUCTURE (DECK, POOL) | <input type="checkbox"/> REPAIR OR REPLACEMENT (ROOF/POOL) |
| <input type="checkbox"/> ALTERATION | <input type="checkbox"/> OCCUPANCY |

* CERTAIN PROJECTS MAY ALSO REQUIRE A BUILDING PERMIT APPLICATION *

B. BRIEF DESCRIPTION OF WORK:

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IF COMMERCIAL BUSINESS, PLEASE INCLUDE BUSINESS NAME:

C. USE

| | | |
|--------------------------------------|--------------------------|-------------------------------------|
| <input type="checkbox"/> RESIDENTIAL | <input type="checkbox"/> | <input type="checkbox"/> COMMERCIAL |
|--------------------------------------|--------------------------|-------------------------------------|

D. IDENTIFICATION - TO BE COMPLETED BY ALL APPLICANTS

OWNER

| | |
|--------------------|----------------------------|
| NAME _____ | E-MAIL _____ |
| ADDRESS _____ | |
| PHONE NUMBER _____ | PRINTED CONTACT NAME _____ |

APPLICANT/CONTRACTOR

| | |
|--------------------|----------------------------|
| NAME _____ | E-MAIL _____ |
| ADDRESS _____ | |
| PHONE NUMBER _____ | PRINTED CONTACT NAME _____ |

IF THE APPLICANT DOES NOT POSSES A PROFESSIONAL SURVEY OF THE PROPERTY, A TAX MAP MAY BE OBTAINED AT:
<https://realestate.alleghenycounty.us/>

PLEASE REFER TO THE PERMIT REQUIREMENTS CHECKLIST FOR ADDITIONAL DOCUMENTS THAT NEED TO BE SUBMITTED

I, hereby certify, that the proposed work is authorized by the owner of record, and that I have been authorized by the owner to make this application, as his/her authorized agent, and we agree to conform to all applicable laws of this jurisdiction.

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| E. SIGNATURE OF APPLICANT | DATE |
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SUBJECT TO ALL MUNICIPAL CODES, ORDINANCES, RESOLUTIONS AND POLICIES
REFERENCE MONROEVILLE ZONING ORDINANCE 2779