

# Township of North Fayette

Tax ID# \_\_\_\_\_  
Lot No. \_\_\_\_\_  
Plan \_\_\_\_\_



**400 North Branch Road  
Oakdale, PA 15071  
Phone: 412-788-4888  
Fax: 724-693-8132**

*OFFICIAL USE ONLY:*

**Permit No.** \_\_\_\_\_  
**Issued Date:** \_\_\_\_\_  
**Total Fee:** \_\_\_\_\_

## APPLICATION FOR A BUILDING, ZONING, FIRE, DEMOLITION, SIGN, OR COMMUNICATION PERMIT

Site Address: \_\_\_\_\_

Description of Work/Proposed Use: \_\_\_\_\_

Building     Zoning     Sign     Mechanical     Fire     Demolition     Communication Tower/Equipment

If Zoning, Check Type:     Business Occupancy     Deck less than 30" above grade     Agricultural Building

Detached Accessory Structure Less Than 1,000sq'

Applicant/Permit Holder: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Property Owner: \_\_\_\_\_ Telephone \_\_\_\_\_

Address: \_\_\_\_\_

Check box here if work is being performed by "Self/Owner"  If not, complete the Contractor Information below.

Contractor: \_\_\_\_\_ Telephone \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Estimated Cost of Work: \_\_\_\_\_ Height (at the highest point) \_\_\_\_\_ Total Square Feet of Work Area \_\_\_\_\_

Workers Compensation:  Yes  No If exempt, contractor (including "self/owner") must provide workers comp. exemption form.

Additional Remarks or Information: \_\_\_\_\_

**The applicant hereby agrees to comply with all laws and ordinances adopted by the Township of North Fayette.**

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

### TOWNSHIP USE ONLY

Zoning District: \_\_\_\_\_ Zoning Use Classification: \_\_\_\_\_

Permit Issued under: \_\_\_\_\_ Type of Construction: \_\_\_\_\_ Use of Building: \_\_\_\_\_

Survey or Plot Plan Submitted:  yes  no Construction Drawings Provided:  yes  no

Third-Party Review:  yes  no Flood Plain:  yes  no Zoning Variance:  yes  no Conditional Use:  yes  no

FEES: Building: \_\_\_\_\_ Occupancy: \_\_\_\_\_ Fire: \_\_\_\_\_ Zoning: \_\_\_\_\_ Sign: \_\_\_\_\_

Demolition: \_\_\_\_\_ Communication Tower/Equipment: \_\_\_\_\_ Total Fees: \_\_\_\_\_

Payment: Check  Check #: \_\_\_\_\_ Cash  Credit  Amount: \_\_\_\_\_ Date Paid: \_\_\_\_\_

Building Code Official /Zoning Officer: \_\_\_\_\_