

BOROUGH OF CALIFORNIA
APPLICATION FOR ZONING CERTIFICATE

225 Third Street
California, PA 15419

Tephone: 724-938-8786

Fax: 724-938-8881

APPLICANTS INFORMATION

OWNERS INFORMATION

NAME: _____

NAME: _____

ADDRESS: _____

ADDRESS: _____

PHONE: _____

PHONE: _____

APPLICATION IS BEING MADE FOR:

- _____ New Construction
- _____ Reconstruction or remodeling
- _____ New Occupancy
- _____ Change in Use
- _____ Demolition

DESCRIBE THE PROPERTY AFFECTED:

Address of property: _____ Parcel Id: _____

Zoning District: _____

Present use: _____

Proposed work: _____

Proposed use Specific: _____

Description of Use: _____

Cost of Construction: _____

Applicants Signature Date

Owners Signature Date

Zoning Use Classification:

Permitted Use: _____

Conditional Use: _____

Special Exception: _____

Official Use Only

Zoning Official's action: _____ Fee Paid: \$ _____
Over \$5,000 .005 x value

Zoning Permit No. _____

Issue Date: _____ \$25 Min.

Building Permits No. _____

Issue Date: _____

UCC Certificate No. _____

Issue Date: _____

Occupancy Certificate No. _____

Issue Date: _____