

Township of Stowe
P.O. Box 414, 555 Broadway
McKees Rocks, PA 15136

(412) 331-4050
FAX 331-4033

APPLICATION FOR ZONING CERTIFICATE

This form must be completed by the property owner or his/her authorized agent.

1. Statement of the proposed use of the property: (please type or print)

2. Property Address: _____

3. Property Owner: _____

Address: _____

4. Buyer/Tenant: _____

Address: _____

5. In addition, all applications for a Zoning Certificate must include a property Survey drawn to scale; showing at a minimum: (a) the dimensions of the lot or parcel, (b) the dimensions of front, side, and rear yards for all principal and accessory uses, (c) location of existing and proposed driveways, (d) location of existing and proposed off-street parking. Failure to furnish this information may result in postponement of any hearing you may request.

The statements made in this application are true and correct:

Date

Signature

Owner [] or Agent []

.....

[] Zoning Certificate is granted.

[] Zoning Certificate is denied. The property does not comply with the literal terms of the Zoning Ordinance because: _____

Date

Signature (Zoning Ordinance Officer)

If you believe this decision to be incorrect, you have the right to an appeal to the Zoning Board of Adjustments. Your appeal must be filed no later than 30 days from the date of this decision.