

 **West Mead Township** 

1150 Morgan Village Road
Meadville, PA 16335
phone 814-336-1271
fax 814-336-1707

email westmead@westmead.org

ZONING PERMIT APPLICATION

PERMIT # _____
provided by township

ISSUED ON _____
expires 1 year from this date

This permit is hereby grant to _____
construct, renovate, demolish, etc.

a _____ for use as a _____
house, garage, addition, etc. residence, accessory structure, etc.

description of project _____
specifics of project such as sizes, square footages, etc.

on property owned by _____
name of property owner

of _____
mailing address of owner including phone number or email address

for property located on _____
mailing address of property

and located between _____ and _____
nearest intersecting road nearest intersecting road

in accordance with the provisions of law and as adopted by West Mead Township.

Zoning District _____ Setbacks Front _____ Side _____ Rear _____
provided by township provided by township

Tax Parcel # _____ Parcel Size _____
as shown on real estate tax bill lot size or acreage

Estimated Time of Completion _____
season and date of year

Estimate Cost _____
total cost of project

Permit Fee _____ Date Paid _____ Cash _____ Check _____ Online _____
provided by township

Applicant Signature and Date

Zoning Officer Jill M. Dunlap Signature and Date

SITE OR PLOT PLAN-FOR APPLICANTS USE OR YOU CAN USE YOUR OWN FORM OR DRAWING IF YOU PREFER. USE THE SPACE HERE TO SHOW ROADWAY AND EXISTING STRUCTURES AND PROPOSED STRUCTURES ON YOUR PROPERTY. SHOW ALL SET-BACK DISTANCES FROM PROPOSED STRUCTURE TO PROPERTY LINES & EXISTING STRUCTURES.

EXEMPTION FROM WORKERS COMPENSATION ACT:

Check if one of the following applies to you or your contractor for construction projects that only require a Zoning Permit. All Residential and Commercial projects will require Workers Compensation coverage or Workers Compensation Exemptions Below that must be notarized. The Township has notaries on staff at no cost.

_____ You are the property owner and will be constructing the project yourself.

_____ You have all subcontractors working on the project and they have Workers Compensation coverage themselves.

_____ Your contractor is exempt from the Workers Compensation Act due to religious beliefs.

Applicant Signature and Date

Notary Signature and Date