



Somerset Borough Zoning Office

P.O. Box 71, 347 West Union Street

Somerset, PA 15501-0071

Office: (814) 445-5595 * Fax: (814) 445-3931

www.somersetborough.com

ZONING PERMIT

OFFICE USE

Zoning No.: Z- _____ - _____ Zoning District: _____ Permit Fee: _____

Map No.: S41- _____ Lot Size: _____

Date Paid: _____ Check No.: _____ Received Proof of Contractor Ins. Yes ___ No ___

Jobsite Address: _____

Owner: _____ **Phone No.:** _____

Owner Address: _____
(If different from Jobsite Address)

***Contractor Name:** _____ **Phone No.:** _____ Proof of Insurance

*A copy of the Contractors Liability Insurance must be submitted along with the Zoning Permit Application

Detailed Description of Proposed Use(s): _____

(Examples: new construction, remodeling, pool, deck, garage, shed, home occupation or business type)

Print-Property Owner

Signature of Property Owner

Date

Signature of Zoning Officer

Date

The Zoning Officer has 15 days from the receipt of this application to render a decision.

For more information regarding building permits/zoning visit our website: www.somersetborough.com