



**BOROUGH OF AMBRIDGE**  
 600 Eleventh Street  
 Ambridge, PA 15003  
 Phone: (724) 266-4070  
 FAX: (724) 266-9191  
 www.ambridgeboro.org

## APPLICATION FOR ZONING PERMIT

### INSTRUCTIONS

- Describe building lot in a survey or sketch drawn to scale, giving the exact location.
- Describe type of structure to be built and its intended use. Sketch must include: (a) overall outside dimension of building; and (b) the exact location where the intended structure shall be placed on the lot, and the distances from each side of the building to the nearest lot line and from the front of the building to the center of the street
- Approved work or use must commence within 6 months of the above date of decision.

### SECTION 1 – Applicant Information

Permit Requested:  Zoning Permit Date of Application: \_\_\_/\_\_\_/20\_\_\_  
 Applicant Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
 Architect / Engineer: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

### SECTION 2 – Construction Information

Property Where Work is proposed: \_\_\_\_\_  
 Parcel / Lot and Block No.: \_\_\_\_\_ Zoning District: \_\_\_\_\_  
 Estimated Cost of Work: \$ \_\_\_\_\_ Lot Dimensions: \_\_\_\_\_

**New Construction or Alterations (explain in detail, attach additional documentation if needed):** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### SECTION 3 - Contractor Information

Contractor Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 PA Contractor Registration #: \_\_\_\_\_  
 Workers Compensation Policy #: \_\_\_\_\_ Expiration Date: \_\_\_/\_\_\_/20\_\_\_  
 Insurer: \_\_\_\_\_

**Note:** A permit will not be issued until a copy of the worker's compensation insurance certificate is submitted indicating the Borough of Ambridge as the certificate holder.

All permits required by the Commonwealth of Pennsylvania Department of Labor & Industry including Highway Occupancy Permits shall be obtained by and are the responsibility of the applicant. The applicant shall be responsible for identification of all utilities prior to excavation. The undersigned hereby acknowledges that the above information is true and accurate, and that the permit requirements have been read and understood. It is also understood that all fees are non-refundable after the Zoning Permit work has begun and at least one inspection has been performed.

Applicant Signature: \_\_\_\_\_ Print: \_\_\_\_\_ Date: \_\_\_/\_\_\_/20\_\_\_

**Borough Use Only:** Date Received: \_\_\_/\_\_\_/20\_\_\_ - Initials \_\_\_\_\_ Granted / Denied: \_\_\_/\_\_\_/20\_\_\_  
 Fees Paid: Zoning Permit **\$50.00**