



# Wall Borough

413 Wall Ave.

Wall, PA 15148

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## ZONING CERTIFICATE APPLICATION- STRUCTURES

Property Owner Name: \_\_\_\_\_ Date: \_\_\_\_\_

Owner Phone Number: \_\_\_\_\_

Owner Address: \_\_\_\_\_

Lot/Block Number: \_\_\_\_\_

Proposed Structure: \_\_\_\_\_

Dimensions of Structure: \_\_\_\_\_

Distance proposed from Property Lines (feet):

Front Lot Line: \_\_\_\_\_ Side Lot Lines: \_\_\_\_\_, \_\_\_\_\_ Rear Lot Line: \_\_\_\_\_

Applicant Name/ Address/ Phone Number (if different from owner)

\_\_\_\_\_

Owner Signature: \_\_\_\_\_

(Signature acknowledges the above and all attachments as true to the best of the Owner's knowledge)

Applicant Signature (if different from Owner): \_\_\_\_\_

(Signature acknowledges the above and all attachments as true to the best of the Applicant's knowledge)

Office Use Only

Date Paid \_\_\_\_\_ Payment Method \_\_\_\_\_ Check # \_\_\_\_\_

### **Zoning Officer Action**

Approved \_\_\_\_\_ Denied \_\_\_\_\_ (Reason: \_\_\_\_\_)

Signature: \_\_\_\_\_