



Somerset Borough Building Inspections

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.: _____ Zoning District: _____ Permit Fee: _____
 Map No.: _____ Parcel No.: _____ Lot Size: _____
 Date Paid: _____ Check No.: _____

Property Location: _____

Owner: _____ Phone No.: _____

Owner Address: _____
(If different from property location)

Contractor Name: _____ Phone No.: _____

Proof of
Insurance

Detailed Description of Proposed Use(s): _____

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

Print Applicant/Owner

Signature of Applicant/Owner

Date

Signature of Building Codes 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