

BOROUGH OF MIDWAY
WASHINGTON COUNTY, PA

APPLICATION FOR ZONING CERTIFICATE

Date: _____ Certificate #: _____ Certificate Fee: _____
(Determined by Z.O.)

I/we the undersigned hereby make application to the Borough of Midway for a zoning certificate for the following purpose, or purposes:

New Building Alteration Addition Razing Other

Issued to: _____
Name and Address and Phone #

Parcel I.D. #: _____

Nature of Improvements: _____

I/we the undersigned, hereby make application for a certificate to erect a _____ story building to be used for _____ on my property located at _____

The shape of the lot and the location of proposed building being accurately set forth, in plan on this sheet (reverse side).

Zoning District _____ Height & Area _____ No. Building intended _____

Front Yard Available _____ Required _____

Side Yard Available _____ Required _____

Rear Yard Available _____ Required _____

Lot Area Available _____ Required _____

Dwelling units presently on lot _____ Dwellings units upon completion _____

Type of Construction _____ Estimated Cost _____

Approved: _____ Owner Name _____

Refused: _____ Address _____

Reasons for Refusal: _____ Contractor _____

Date of Approval/Refusla: _____ Address _____

*This certificate is good for six (6) months expiring on: _____ To HMT: Y or N
(Determined by Z.O.)

