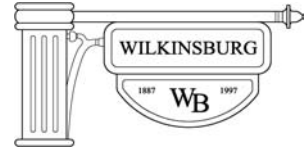


**Borough of Wilkinsburg**  
**CODE ENFORCEMENT DEPARTMENT**  
**MUNICIPAL BUILDING**  
**605 ROSS AVENUE**  
**WILKINSBURG, PA 15221-2145**  
**PHONE: (412) 244-2923 - FAX: (412) 244-2922**



**Zoning Permit Application**

Address of Request: \_\_\_\_\_

Applicant: Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

(Circle one) Owner of property or Valid option to buy (attach option)

Type of Request: \_\_\_\_\_ New Construction  
 \_\_\_\_\_ Adding or Remodeling  
 \_\_\_\_\_ Repair or Replacement  
 \_\_\_\_\_ Moving Building  
 \_\_\_\_\_ Change in use

<b>Proposed Use: Residential:</b>	<b>Non-Residential:</b>
_____ Single Family	_____ Commercial
_____ Multi Family – Number of Units _____	_____ Industrial
_____ Accessory Building	_____ Institutional
	_____ Parks & Open Space

The undersigned hereby represents that, to the best of his/her knowledge belief that all information listed above is true, correct, and complete; and that an attached drawing contains the required information.

\_\_\_\_\_  
 Date Owner or Applicant

**TO BE COMPLETED BY ZONING OFFICER**

Parcel Identification: Lot: \_\_\_\_\_ Block: \_\_\_\_\_

<b>Zoning Requirements</b>	<b>Drawing Specification</b>
a. Zoning District _____	a. Zoning District _____
b. Lot Dimensions _____	b. Lot Dimensions _____
c. Lot Area _____	c. Lot Area _____
d. Yards:	d. Yards:
Front: _____	Front: _____
Side (1): _____	Side (1): _____
Side (2): _____	Side (2): _____
Rear: _____	Rear: _____
e. Buffer Yard: _____	e. Buffer Yard: _____
f. Coverage: _____	f. Coverage: _____
g. Building Height: _____	g. Building Height: _____
h. Parking Spaces: _____	h. Parking Spaces: _____
i. Sign: _____	i. Sign: _____
(Size & No.): _____	(Size & No.): _____
j. Use: _____	j. Use: _____

(Check One) \_\_\_\_\_ Approved \_\_\_\_\_ Denied

Zoning Officer: \_\_\_\_\_ Date: \_\_\_\_\_

Reason for Denial (Specific Section of Code)