

**BOROUGH OF MANSFIELD
CODE ADMINISTRATION**

14 SOUTH MAIN STREET
MANSFIELD, PA
(570) 662-2315

**ZONING PERMIT
APPLICATION**

PERMIT # _____ - _____ Date: ___/___/___ Cost: \$ _____

Project Address:

Owner of Property : _____
Name Phone #

Mailing Address : _____
Street# City State Zip

Contractor/Applicant : _____
Name Phone #

Mailing Address : _____
Street # City State Zip

Proposed type of Work (check One) <input type="checkbox"/> NEW BUILDING <input type="checkbox"/> ADDITION <input type="checkbox"/> ALTERATION <input type="checkbox"/> Other (explain) _____	Existing Use of Land/Building	BUILDING TYPE <input type="checkbox"/> SINGLE FAMILY <input type="checkbox"/> DUPLEX <input type="checkbox"/> MULTI-FAMILY <input type="checkbox"/> COMMERCIAL/INDUSTRIAL <input type="checkbox"/> ACCESSORY STRUCTURE <input type="checkbox"/> Other (explain)	Estimated Cost
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DISCRPTION OF WORK (ALSO SHOW PLOT PLAN ON LAST PAGE)

ESTIMATED START ___/___/___ ESTIMATED FINISH ___/___/___ ESTIMATED COST \$ _____

CERTIFICATION

I HEREBY CERTIFY THAT I AM THE OWNER OF RECORD OF THE NAMED PROPERTY, OR THAT THE PROPOSED WORK IS AUTHORIZED BY THE OWNER OF RECORD AND THAT I HAVE BEEN AUTHORIZED BY THE OWNER TO MAKE THIS APPLICATION AS HIS AUTHORIZED AGENT AND I AGREE TO CONFORM TO ALL APPLICABLE LAWS AND CODES OF THIS JURISDICTION. I ALSO CERTIFY THAT ALL INFORMATION ON THIS APPLICATION IS TRUTHFUL, AND THAT IF ANY OF THE INFORMATION PROVIDED IS INCORRECT, THE PERMIT MY BE REVOKED. IN ADDITION, IF A PERMIT FOR WORK DESCRIBED IN THIS APPLICATION IS ISSUED, I CERTIFY THAT THE CODE OFFICIAL OR THE CODE OFFICIALS AUTHORIZED REPRESENTATIVE SHALL HAVE THE AUTHORITY TO ENTER AREAS COVERED BY SUCH PERMIT AT ANY REASONABLE HOUR TO ENFORCE THE PROVISIONS OF THE CODE(S) APPLICABLE TO SUCH PERMIT. IF A PERMIT IS ISSUED I UNDERSTAND THAT IF A PERMIT IS ISSUED WRONGFULLY, WHETHER BASED ON MISINFORMATION OR AN IMPROPER APPLICATION OF THE CODE, THE PERMIT MAY BE REVOKED.

Signature _____ Print Name _____ Date _____

Fill in applicable information (Check primary contact person)

Owner _____ Phone # _____ Fax # _____

Contractor _____ Phone # _____ Fax # _____

