

**BOROUGH OF CALIFORNIA
APPLICATION FOR ZONING CERTIFICATE**

225 Third St.
California, Pa. 15419

Phone: 724-938-8786

Fax: 724-938-8881

APPLICANT'S INFORMATION

NAME: _____

ADDRESS: _____

PHONE: _____

EMAIL: _____

OWNER'S INFORMATION

NAME: _____

ADDRESS: _____

PHONE: _____

EMAIL: _____

APPLICATION IS BEING MADE FOR:

- _____ New Construction
- _____ Reconstruction or remodeling
- _____ New Occupancy
- _____ Change in Use
- _____ Demolition

DESCRIBE THE PROPERTY AFFECTED:

Address of property: _____ Parcel ID: _____

Zoning District: _____

Present use: _____

Proposed work: _____

Proposed use- Specific: _____

Description of Use: _____

Cost of Construction: _____

Applicant's Signature Date

Owner's Signature Date

Zoning use Classification:

Permitted Use: _____

Conditional Use: _____

Special Exception: _____

Official Use Only

Zoning Official's action: _____ Fee Paid: \$ _____

Over \$ 5000.00= .005 x cost
of construction/job- \$ 25.00 minimum

Zoning Permit No.: _____

Issue Date: _____

Building Permit No.: _____

Issue Date: _____

UCC Certificate No.: _____

Issue Date: _____

Occupancy Permit No.: _____

Issue Date: _____