

ZONING CERTIFICATE
NORTH VERSAILLES TOWNSHIP

No. _____

Buyer, Owner, New Occupant: _____

Property Address: _____

Current use of property: _____

Proposed use of property or addition: _____

CONTACT INFORMATION:

Applicant: _____

Applicant Address: _____

Applicant Phone # & Fax #: _____

FEE: \$50.00

Payable to: North Versailles Township

Mail to: Zoning Officer
1401 Greensburg Ave., Ste. 5, North Versailles, PA 15137

Official Use Only:

Dye Test Passed: _____

Zoning: _____

Proposed Use: Conforming: _____ Continuation of Non-Conforming: _____
 Conditional use: _____ Not Permitted: _____

APPROVED: _____ DATE: _____

Zoning Officer

DENIED: _____ REASON: _____

Zoning Officer

DATE: _____