



Somerset Borough Building Inspections

P.O. Box 71, 347 West Union Street
Somerset, PA 15501-0071
Office: (814) 445-5595 * Fax: (814) 445-3931
www.somersetborough.com

APPLICATION PERMIT

OFFICE USE

Application No.: _____ Zoning District: _____ Permit Fee: _____
Map No.: _____ Parcel No.: _____ Lot Size: _____
Date Paid: _____ Check No.: _____

Owner: _____ Phone No.: _____

Owner Address: _____

Lessor/Applicant: _____ Phone No.: _____

Lessor/Applicant Address: _____

Property Location (if different from above): _____

Detailed Description of Proposed Use(s): _____

(Examples: new construction, remodeling, pool, decks, garages, sheds)

Print Applicant/Owner

Signature of Applicant/Owner

Date

Signature of Building Codes Officer

Date

The Zoning Officer has 15 days from the receipt of this application to render a decision.

For more information regarding building permits/zoning visit our website: www.somersetborough.com

Revised 6-1-17 CS