

THE BOROUGH OF CLYMER

BUILDING AND ZONING PERMIT APPLICATION

Date: _____

Applicant Name: _____ Phone: _____

Applicant Address _____ Email: _____

Property Owner Name _____ Phone: _____

Property Owner Address: _____ Email: _____

Location of Property _____

Tax Parcel # _____ Zoning District _____

Current/prior use of building/land _____

Proposed use of the building/land _____

Description of the Construction: _____

_____ Estimated Cost _____

Architect/Engineer _____ Phone: _____

Address _____

Builder: _____ Phone _____

Address: _____

**** This applicant is responsible for obtaining required highway occupancy permits from PA Department of Transportation.**

The above information is true and correct. I hereby agree that all applicable provisions of the borough codes will be complied with, as well as the requirements from the municipal water and sewage authority and the PA Department of Labor and Industry, whether specified or not.

Applicant/Agent Signature

Printed Name

Date

