



BOROUGH OF CLEARFIELD

6 SOUTH FRONT STREET

CLEARFIELD, PA 16830

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REQUEST FOR ZONING OR UCC PERMIT

LOCATION OF PROPOSED WORK OR IMPROVEMENT:

Number and Street: _____ Tax Parcel No. _____
(FOR BOROUGH USE ONLY)

TYPE AND COST OF WORK OR IMPROVEMENT: COMMERCIAL RESIDENTIAL

- New Building Alteration Demolition Change of Use Siding
- Sprinkler and/or Alarm Electric Service Addition Foundation Roofing
- Replacement windows Repair

DIMENSIONS SYSTEM

TYPE OF WATER SUPPLY

TYPE OF SEWAGE SYSTEM

Height in Feet _____
Number of Stories _____
Exterior Dimensions _____

Public or Private Company
 Private (well)

Public or Private Company
 Private (septic tank)

Declared Repair Cost \$ _____

DESCRIBE WORK IN DETAIL:

NAME

MAILING ADDRESS

PHONE NO.

OWNER _____

CONTRACTOR _____

CONTRACTOR'S PA REGISTRATION NO. _____

ARCHITECT _____

AFFIDAVIT – I hereby certify that I am the owner in fee or the authorized agent of the owner in fee of the property upon which the work authorized by the permit sought will be performed. All work will be performed in accordance with all applicable laws of the Commonwealth of Pennsylvania and this jurisdiction.

Signature of Owner or Authorized Agent	Address	Application Date