



BOROUGH OF CLEARFIELD

6 SOUTH FRONT STREET

CLEARFIELD, PA 16830

E-mail: code@clearfieldpa.us

PHONE (814) 765-7817

FAX (814) 765-2374

www.clearfieldboro.com



Request for zoning or UCC Permit

Permit Number _____

Name of person requesting Permit: _____ Date: _____

Ward _____ PARCEL# _____ Zoning fees _____

Address of work location: _____

Type of work or improvement Commercial Residential.

New Building Alteration Demolition Change of use New Siding Sprinkler and or Alarm Electric Service Addition Foundation Roofing Fence Decking Windows Retaining walls Swimming pool Other _____.

Declared cost: _____

Describe in detail all the work to be performed.

Property owner Name: _____

Mailing Address: _____ Phone# _____

Contractors Name: _____ Phone# _____

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 the Clearfield Borough.

Signature of property owner or authorized representative:

Signature _____



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