



# BOROUGH OF CLEARFIELD

6 SOUTH FRONT STREET  
CLEARFIELD, PA 16830

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## REQUEST FOR ZONING OR UCC PERMIT

PERMIT NUMBER *(assigned by the Borough)*: \_\_\_\_\_

Name of Person requesting Permit: \_\_\_\_\_ Date Filing: \_\_\_\_\_

Address of Work Location: \_\_\_\_\_

Ward: \_\_\_\_\_ PARCEL # \_\_\_\_\_ Zoning Fees: \$ \_\_\_\_\_

**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 Wall(s) [ ] Swimming Pool
- [ ] OTHER \_\_\_\_\_

**DECLARED COST:** \$ \_\_\_\_\_

**DESCRIBE IN DETAIL ALL THE WORK TO BE PERFORMED**

Name of Property Owner: \_\_\_\_\_ Phone #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email: \_\_\_\_\_

Name (Person and/or Company) of Contractor: \_\_\_\_\_

Address of Contractor: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email: \_\_\_\_\_ PA Contractors #: \_\_\_\_\_

**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 Borough of Clearfield, Clearfield, PA.

**Signature of Property Owner or Authorized Representative**

Signature: \_\_\_\_\_