

Mars Borough

598 Spring Ave. - Mars, Pa. 16046

Ph: (724) 625-1858

Fax: (724) 625-4065

ZONING PERMIT APPLICATION

Date: _____	Architect/Engineer: _____
Applicant Name: _____	_____
Address: _____	_____
_____	Phone: _____
Phone: _____ Fax: _____	Fax: _____
E-Mail: _____	E-Mail: _____

Property where work is proposed: _____

_____ Parcel # _____

New Construction or Alterations

Proposed construction or alteration (explain in detail) _____

Total Square Footage: Basement: _____ 1st _____ 2nd _____

Total Construction Cost: _____

Contractor Information

Contractor Name: _____

Address: _____

Phone: _____ Fax: _____

Worker's Compensation Policy No.: _____

Insurer: _____

Expiration No.: _____

Note, A permit will not be issued until a copy of the worker's compensation insurance certificate is submitted indicating Borough of Mars as the certificate holder.

All permits required by the Borough of Mars Department of Zoning shall be obtained by and are the responsibility of the applicant. The applicant shall be responsible for identification of all utilities prior to excavation.

The undersigned hereby acknowledges that the above information and attached documents and drawings are true and accurate and that the permit requirements have been read and understood.

Applicant Signature: _____ Print _____ Date _____

Building Owner's Signature: _____ Print _____ Date _____

Borough Use: Date Received _____ / _____ / _____ *Initials* _____

Date Approved: _____ / _____ / _____ *Date Denied:* _____ / _____ / _____

MAKE ALL CHECKS PAYABLE TO THE BOROUGH OF MARS