

Aspinwall Borough Planning Commission

Applicar	nt Name:Property Owner:	
Applicar	nt Address:	
If Comm	nercial, Name of Business:	
Telephone: Fax:		
I/We h	ereby request that a determination be made by the Aspinwall Plannir	g Commission on the following request:
1. Des	cription of request:	
2.	Provisions of the Zoning Ordinance (www.keystatepub.com)	
	Part: Section:	Subsection:
3.	Type of Appeal/Request:	
	□ Sign Permit □ Ordinance Addendum □ Conditional Use □ Curb Cut	
	Other	
4.	Has a previous request been filed in connection with this property? $\hfill \Box$ Yes	□ No
	If Yes, Type: Date:	Disposition:
5.	Have you applied for a building permit? Yes (Date:)	□ No
	If no, Why not	
NOTE	As part of this application, the applicant must provide seven(7) copies of survey or scaled drawing of the property affected. This survey or scaled dra subject lot, the size of improvements now erected and/or proposed to desired, together with any other information required by the Planning Comm	wing must show the location and size of the be erected, proposed use or other changes
	An administratively incomplete application will be returned to appl administratively incomplete unless or until the appropriate application/h documentation is provided to the Borough of Aspinwall. Any and all documentation is provided to the Borough of Aspinwall. Any and all documentation is provided to the Borough of Aspinwall. Any and all documentation is provided to the Borough of Aspinwall.	earing fee is paid in full, and all necessary ments or drawings submitted as evidence or
<u>I/We he</u>	reby certify that all of the above information and submitted documentation	is correct to the best of my/our knowledge
Date	Applicant Signature	
OFFICE USE ONLY		