

Zoning Form

BOROUGH OF IRWIN  
424 MAIN STREET  
IRWIN, PA. 15642  
724-864-3100 FAX 724-864-3108

For office Use Only	
Date:	_____
Fee Paid:	_____
Check _____	Cash _____

Zoning Review Form

1. Property Owner \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Authorized signature \_\_\_\_\_

2. Property Information      Tax map # \_\_\_\_\_

Address \_\_\_\_\_  
(If different from above)

3. Requested by \_\_\_\_\_  
(Owner-Tenant-Agent-Proposed Purchaser)

Address \_\_\_\_\_ Phone \_\_\_\_\_

4. Proposed change (Addition, deck, swimming pool, shed, etc) \_\_\_\_\_

NO NOT WRITE BELOW THIS LINE

Property is located in the following Zoning District:

- |   |  |
|---|--|
| <input type="checkbox"/> R-L Residential Low Density    | <input type="checkbox"/> Commercial Business Residential |
| <input type="checkbox"/> R-M Residential Medium Density | <input type="checkbox"/> Commercial Highway Business     |
| <input type="checkbox"/> R-H Residential High Density   | <input type="checkbox"/> Industrial                      |

Zoning is in accordance with the Borough of Irwin Zoning Ordinance 791 of 1993

Zoning officer \_\_\_\_\_ Date: \_\_\_\_\_