

**Clarion County**  
**Airport Zoning Application**

**I. Property Owner Information:**

- A. Property Owner's Name: \_\_\_\_\_
- B. Property Address Where Work Is Performed: \_\_\_\_\_  
\_\_\_\_\_
- C. Owner's Address: \_\_\_\_\_
- D. Owner's Phone: \_\_\_\_\_ Email: \_\_\_\_\_
- E. Best Time To Call: \_\_\_\_\_
- F. Zoning District: \_\_\_\_\_
- F. Tax Map Number: \_\_\_\_\_

**II. Applicant Information:** *(Complete only if different than information above)*

- A. Name: \_\_\_\_\_
- B. Address: \_\_\_\_\_
- C. Phone: \_\_\_\_\_ Email: \_\_\_\_\_
- D. Applicant's Interest (owner, contractor, tenant, etc.): \_\_\_\_\_

**III. Proposed Construction:**

- A. Establish a Business
- B. Erect a Sign
- C. Construct a Building
- D. Alter a Building
- E. Mobile Home
- F. Construct an Addition
- G. Construct an Accessory Building
- H. Erect a Tower
- I. Other: \_\_\_\_\_

Serial #: \_\_\_\_\_

Model/Year: \_\_\_\_\_

a. Description of What is Being Built  
\_\_\_\_\_

b. Number of Bedrooms: \_\_\_\_\_

Other Information: \_\_\_\_\_

Estimated Start Date:	Estimated Completion Date:	Estimated Construction Costs:

**Complete All Appropriate Sections Below**

**IV. Zoning Permit:**

**A. Lot:**

Road Frontage:	Setback From R-O-W:	Side Yard Setback: Side Yard Setback:
Rear Yard Setback:	Lot Size:	

**B. Proposed Structure:**

Height:	Length:	Width:
No. of Stories:	Type of Siding:	
Ground Level Elevation:	Top of Structure Finished Elevation:	

**C. Existing Structures:**

Height:	Length:	Width:
No. of Stories:		

**D. Type of Foundation:**

- Full Basement     
  Slab     
  None  
 Partial Basement Size: \_\_\_\_\_ (Length, Width, Height)  
 Piers, Type: \_\_\_\_\_

**E. Sewage Information:**

Property is Served By:    On-Lot Sewage    Public Sewage  
 Sewage Permit Number: \_\_\_\_\_ Date of Issuance \_\_\_\_\_  
 If N/A, Explain: \_\_\_\_\_

**F. Land Development Information:**

Land Development Approval Date: \_\_\_\_\_  
 Plan Name: \_\_\_\_\_



**Note: All new construction other than single family homes on single lots must have land development approvals prior to issuance of the building/zoning permit.**



**A plot plan must be attached showing the lot with any existing structures as well as the new structure. Distances to property lines must be shown as well. (If property lines are over 40 feet away, it can be so noted on the plan.) All dimensions of the structure and setbacks must be shown.**

**V. Sign Permit:**

**A. Type of Sign:**

Free Standing  Wall/Building Mounted  Roof Mounted  Billboard

Other  Describe: \_\_\_\_\_

**B. Size:**

a. Length \_\_\_\_\_ Width \_\_\_\_\_ Height \_\_\_\_\_

Other Dimensions: \_\_\_\_\_



**A drawing must be attached with dimensions of sign, wording and pictures/ logos on the sign, location of sign on property, lighting information, installation height and any other signs on the property with dimensions of those signs.**

**VI. Contractor Information:**

**A. Contractor Name:** \_\_\_\_\_

**B. Contractor Address:** \_\_\_\_\_

**C. Contractor Phone:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

**Certificate of Worker's Compensation Insurance Attached**

**Contractor is Exempt**

Worker's Compensation Insurance Information Form for Exemption Must be Attached

**Homeowner is Contractor - NO INSURANCE REQUIRED**

**Certification:**

A. Under penalties of the Pennsylvania Crimes code for the falsification of information to authorities, I (we) certify that the information herein is true and correct.

\_\_\_\_\_  
Name (PLEASE PRINT) \_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**For County Use Only**

Floodplain <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Fee Paid	Application Rec'd
Appl. Reviewed	Appl. Complete	PC Review Date
ZHB Review Date	County Review Date	Issued <input type="checkbox"/> Denied <input type="checkbox"/> Date
		Signature:
Comments:		