Borough of Cokeburg

PO Box 474 Cokeburg, Pa 15324

www.cokeburgboro.com

Application for Zoning Certificate

	Principal Structure:	Accessory Structure:
Name:		Date:
Property Address:		Phone:
		Phone:
Mailing Address:		Email:
Proposed Project:		
(Attac	ch (2) copies of plot plans, survey or c	ther necessary documents along with applicable fee)
Applicants S	ignature:	
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Official Use O	nly: Date Application Received:	Zoning Fee Paid:
Application Approved:	Permit Number:	
Application Denied:	Reason Denied:	Sent to Hearing Board:
Signature of Zoning Officer:		Date: