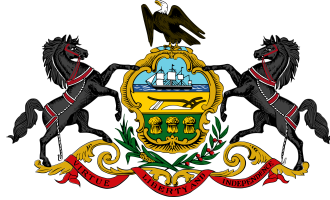


# Tioga Borough Zoning Application



PO Box 158  
18 N Main St  
Tioga PA 16946  
(570) 835 - 5226

tbcodofficer@tiogaborough.org

**Application Type:**

Residential       Commercial       Industrial

Applicant Name: _____
Site Address: _____
Site City: _____
Phone: _____
Email: _____

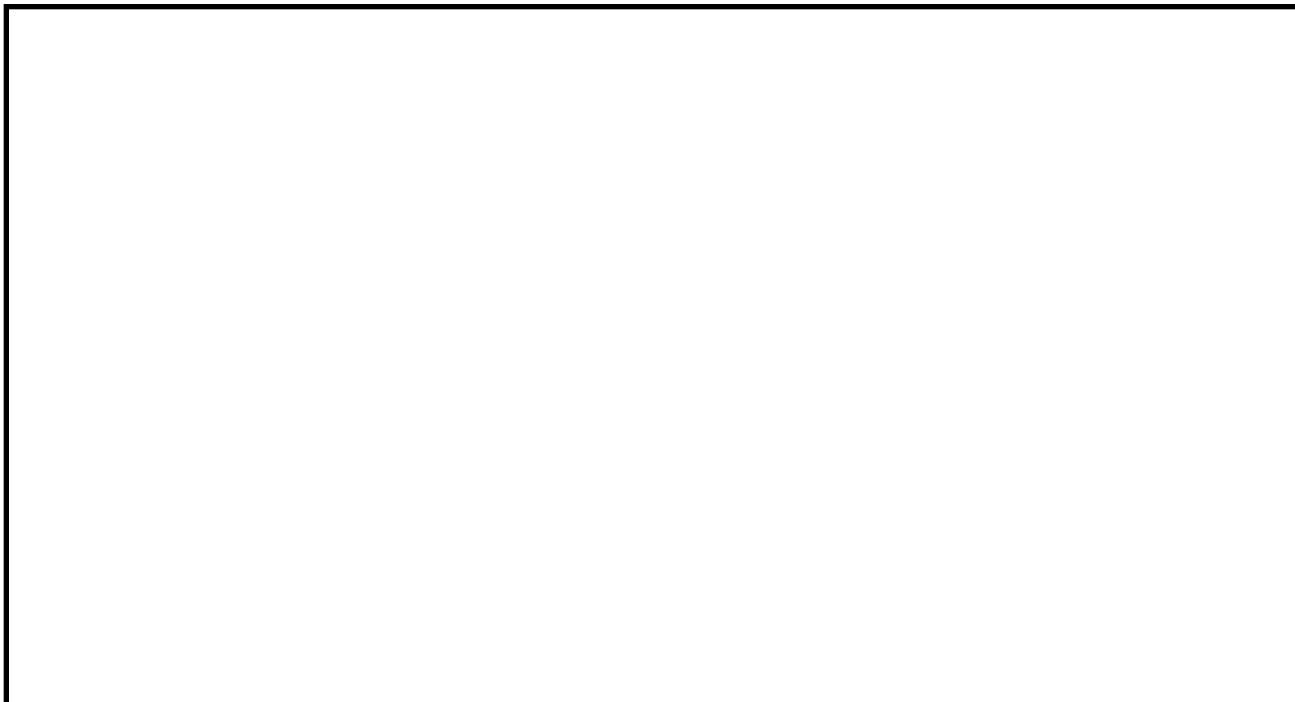
Parcel #: _____
Owner Name: _____
Owner Address: _____
Owner City: _____

Contractor Name: _____	Lot Size (sqft or acres): _____
Contractor Phone: _____	Land Disturbance: _____

Distance from Lot Lines:	Building Size:
_____ Feet to Front	_____ Feet Long
_____ Feet to Back	_____ Feet Long
_____ Feet to Right	_____ Feet High
_____ Feet to Left	_____ # of Stories

Estimated Cost: _____
Type of Project: _____
Project Description: _____ _____ _____ _____

Use the back of this form to illustrate the site lot and the changes being made.



I certify that all information provided on this application is correct and true to the best of my knowledge.

I agree to not begin construction until all required permits are obtained.

I understand that I must submit any changes to all authorities from which I receive a permit.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_