

Tioga Borough Zoning Application

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

tbcodofficer@tiogaborough.org

Application Type:

☐ Residential

☐ Commercial

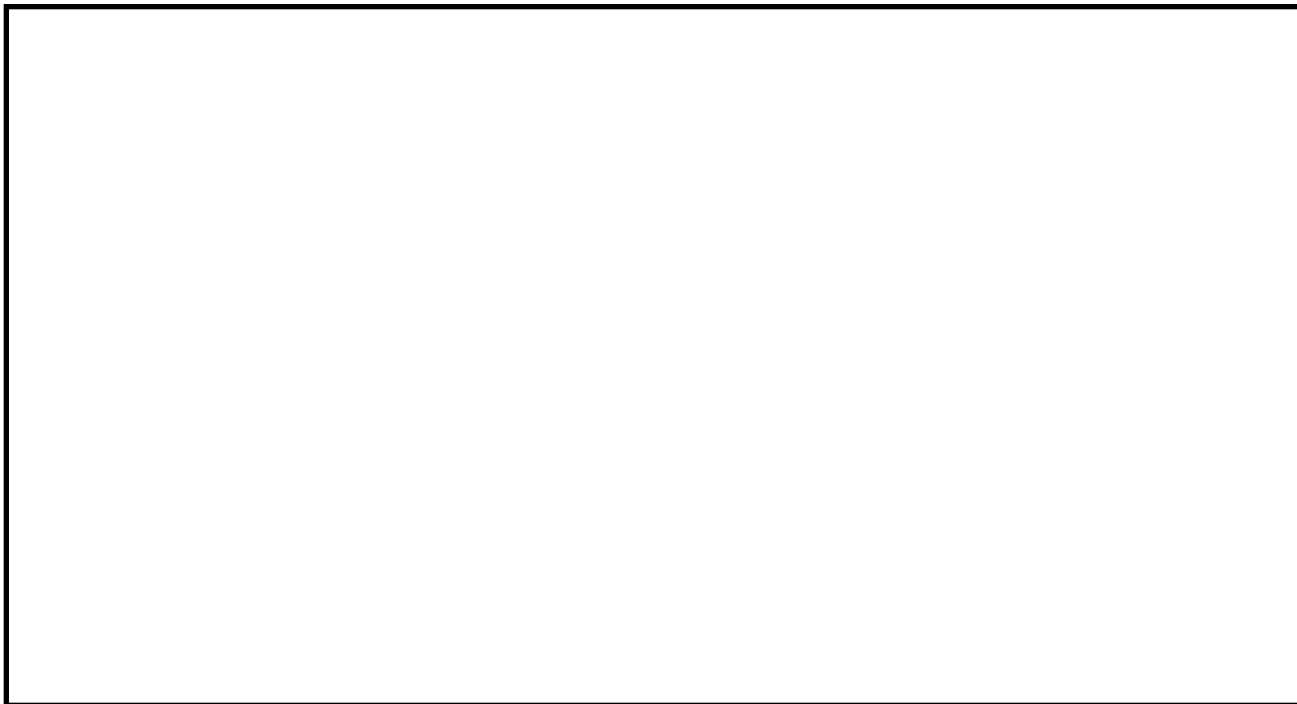
☐ Industrial

Applicant Name: _____	Parcel #: _____
Site Address: _____	Owner Name: _____
Site City: _____	Owner Address: _____
Phone: _____	Owner City: _____
Email: _____	

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

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

