

TOWN OF GREENVILLE

www.greenvilleborough.com 125 Main Street, Greenville, PA 16125 Phone: 724-588-4193 Fax: 724-588-1197

Email: info@greenvilleborough.com
PERMIT APPLICATION

PROPERTY ADDRESS: (pri	nt)		
OWNER NAME: (print)			
Owner Mailing Address:			
Owner Telephone/Cell:			
CONTRACTOR NAME:		HIC#	Self
Contractor Telephone/Cell:			
Check all that apply:			
☐ Roofing ☐ Fence ☐ Porch (Zoning) ☐ Demolition (Booldantiel)	☐ Deck ☐ Sewer Lateral	☐ Garage/Shed/Storage (under 1,000 s ☐ Demolition (Residential)	sq. ft.)
Demolition (Residential)	Stories:	Dimensions:	
Sign	Type of Sign:	Wording on Sign:	
Dumpster	Date Placed:	Date Removed:	
Other			
Description/Size:			
Es	timated Construction C	ost <u>\$</u>	
certify that:1. The description of the proas part of this application2. Any changes to the approaches3. If signed by someone oth	oject, the estimated consing for a building permit is oved documents will be fiver than the owner, the w	extraction cost and all other information protrue and correct. led with the Borough of Greenville. ork has been authorized by the owner of recete this application on their behalf.	
Project must b	e completed within 90	lays from date of zoning permit.	
Applicant: (print)			
Signature:		Date:	
**********	**************************************	**************************************	****
Code Officer:		Date:	
Permit #	Permit Fee: \$		
Tax Parcel #:	Zoning:	Property in a flood zone? Yes [□No