

JACKSON TOWNSHIP

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Zelienople, PA 16063
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Zoning Application

The information gathered within this form is for zoning verification purposes only.

Location of Property: _____

Parcel Number: _____

Property Owner: _____ Phone #: _____

Address: _____ E-mail: _____

Applicant/Business/Firm: _____ Phone #: _____

Address: _____ E-mail: _____

Relationship to Owner: ___Tenant/Lessee ___Attorney ___Design Professional ___Contractor

Zoning District: _____

Gross square footage of space: _____

As per Chapter 27, Attachment 1, Use Authorization Table, what is the Authorized Use: _____

Describe in detail the use/activity or activities to be conducted on the premises, in the principal structure, accessory structure or on the grounds _____

Days and hours of operation: _____

Days and hours open to the public: _____

Traffic concerns pertaining to your application: _____

a. Days and hours of any deliveries (trucks, cars, or vans) _____

b. Vehicles to be parked on site overnight (trucks, cars, or vans) _____

c. Number of employees on site (highest shift) _____

d. Number of parking spaces required per §27-1702 _____

Has this property had any previous Planning or Zoning approvals? (If yes, please attach) _____

Estimated date of business opening: _____

Previous tenant of the space: _____

Signature: _____ Date: _____