



BOROUGH OF SEWICKLEY
 601 Thorn Street
 Sewickley, PA 15143

**Zoning Application
 Short Term Rental**

PROPERTY OWNER: _____ PHONE: _____

ADDRESS: _____

PROPERTY OWNER EMAIL: _____

APPLICANT: _____ PHONE: _____

ADDRESS: _____

APPLICANT EMAIL: _____

SITE LOCATION: _____

TAX PARCEL ID: _____

ZONING DISTRICT: R-1 R-1A R-2 C-1 C-2 OMU I INST. OS

OVERLAY: VILLAGE FLOODPLAIN NATURAL RESOURCE PROTECTION

CURRENT USE OF PROPERTY:

____ Residential ____ Single Family ____ Duplex ____ Multi-Family

____ Commercial/Industrial – Please specify _____

____ Other: _____

VERIFICATION Of Short Term Rental:

Please submit all documentation for when the short-term rental began.

I hereby make application for a zoning permit only for the location and the work described herein and certify to the accuracy of that information. I further certify I am the property owner, or a duly authorized representative on behalf of the owner(s) of said property, and I have read and understand all of the conditions of this permit and will construct the project in compliance with those conditions and all applicable Borough Ordinances and requirements.

DATE: _____ SIGNATURE OF APPLICANT: _____

DATE: _____ SIGNATURE OF OWNER: _____

THIS FORM MUST BE NOTORZIED:

NOTARY STAMP:

NOTARY SIGNATURE: _____

DATE: _____