

**APPLICATION FOR
ZONING OFFICER OPINION
BOROUGH OF EBENSBURG**

Name of Applicant _____

Mailing Address _____

Telephone Number _____

Location Of Property _____

Type And Use Of Building _____

Zoning District _____ **Lot Size** _____

State The Specific Inquiry. Provide A Complete Description Of The Request:

Name of Applicant

Signature of Applicant

Date

Borough of Ebensburg
300 West High Street
Ebensburg, Pennsylvania 15931
814-472-8780
814-472-8789 (fax)
eburg@ebensburgpa.com

IMPORTANT – SEE REVERSE