

Municipal Authorization

Name of Municipality _____

Property Owner Name _____

Property Address _____

Description of Proposed Construction/ Alteration _____

Municipal Authorizations: (Please Mark Approved or N/A)

_____ Set Back Requirements Are Met

_____ Subdivision or Land Development Approval

_____ Storm Water Management Ordinance

_____ Act 167 Plan

_____ MS4 Plan

_____ Flood Plain Management Ordinance

_____ Zoning Ordinance

_____ Road Occupancy / Driveway Permit

_____ Contractor's License/ Permit

_____ Other Applicable Ordinances or conditions (specify):

The above applicable requirements have been reviewed & approved.

Municipal Officer

Date

Upon Approval Please Fax to CCBCEA at 814-472-4233