

**BOROUGH OF FOX CHAPEL
ZONING CERTIFICATE OF COMPLIANCE APPLICATION**

A Zoning Certificate is required when there is a change of ownership, occupancy, or use and upon application for building permits in the Borough of Fox Chapel per Borough Ordinance No. 686. This form must be returned to the Borough and a Zoning Certificate issued by the Borough *prior* to a real estate closing on the property or issuance of a building permit.

The following is to be completed by the Buyer/Proposed Landowner/Building Permit Applicant

Name: _____ Application Date: _____

Property Address: _____

Phone: _____ Email: _____

Will Applicant be occupying home? Yes _____ No _____

If no, who will? _____

What is the current use of the property? Single-Family Dwelling [☐] Vacant Land [☐]
Other [☐] _____

What is the proposed use of the property? _____

Proposed number of occupants: _____

Do your planned activities constitute a Home Occupation, business*, and/or require a license?

Yes _____ No _____

If Yes, please provide details and a copy of license. _____

**All self-employed persons whose primary business is in Fox Chapel Borough must pay a \$52 Local Services Tax (LST) for emergency services and road maintenance. Each employer in the Borough, including residents with home occupations, is charged with the duty of deducting the tax from each employee and remitting payment to Keystone Collections Group, 546 Wendell Road, Irwin, PA 15642 (724/978-0300), within thirty days of each calendar quarter ending. Keystone also collects earned income tax (EIT) for the Borough. All tax forms are available online at www.keystonecollects.com. (Borough PSD Code: 710403)*

Under penalty of law, I/we certify that the above information is true and correct.

_____ Signature	_____ Printed
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_____ Signature	_____ Printed
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NOTICE! This Certificate does not pertain to Building Code Compliance

FOR BOROUGH USE ONLY

Zoning District _____

[☐] The stated occupancy is in accordance with the provisions of the Zoning Ordinance.

[☐] The stated occupancy is not in accordance with the provisions of the Zoning Ordinance.

Reason: _____

Signature, Zoning Officer

Certificate No.