

Township of Findlay Use By Right

Please print or type. Missing or incomplete information may cause a delay in the processing of this application.

Name of Owner: MARONDA HOMES LLC Phone: 412-220-3082 EXT 4617 Email: JHARTLE@MARONDA.COM

Address of Owner: 600 BURSCA DRIVE SUITE 602 BRIDGEVILLE PA 15017

Name of Applicant: SAME Phone: _____ Email: _____

Address of Applicant: _____

Engineer: SAME Phone: _____

Project/Site Name: THE ABBEY

Address/Location: 423 ST FAUSTINA STREET IMPERIAL PA 15126 County Tax ID#: 1319-P-29

Acreage/Sq.Ft.: 0.256 / 3171 Zoning: _____ Overlay District: _____

Est. Completion Date: EST SEPT 2024 Est. Project Cost: \$355,628.00

RESIDENTIAL:
No. of Lots: 1 No. of Buildings: 1 No. of Dwelling Units: _____
COMMERCIAL/INST:
No. of Buildings: _____ No. of Shops: _____ Total Sq.Ft.: _____

Present Use: VACANT LOT

Proposed Use or Alterations: SINGLE FAMILY HOME

Has a previous application been filed with the Supervisors for this property? NO
If so, when? _____

INSTRUCTIONS TO APPLICANT

- This application must be submitted to the Zoning Administrator along with the following supplemental materials:
- (a) Three (3) copies of a Site Plan, as defined by the Findlay Township Zoning Ordinance, in addition to an electronic copy;
 - (b) Completed Site Capacity Worksheet (available at the Township Office);
 - (c) Application review fee:
 - Single Family - \$25.00
 - Commercial/Industrial - \$25.00 for the 1st 5,000 sq.ft. + \$2.00 for each additional 1,000 sq.ft and \$200 escrow.
 - Apartments - \$25.00 for the 1st three + \$5.00 for each additional apartment and \$200 escrow.

DocuSigned by:

 Signature of Owner _____ Date 4/16/2024 | 10:56:58 EDT

COMMONWEALTH OF PENNSYLVANIA
 COUNTY OF ALLEGHENY ** NOTE: NOTARY NOT REQUIRED FOR RESIDENTIAL**

_____, being duly sworn, deposed and says that he is the owner of the premise herein described, and that all the above statements contained in any papers or plans submitted herewith are true to the best of my knowledge and belief. Sworn to and subscribed before me this _____ day of _____, 20____.

Notary Public _____ Date _____
 My commission expires: _____ (SEAL)

APPROVED BY: 
 Zoning Administrator _____ Date 4/17/24

OFFICIAL USE ONLY:
 Date of Application: 4/16/25 Amount Paid: 25.00 Check #: 0048702 Building Permit #: 24-134