PENN TOWNSHIP, CHESTER COUNTY, PA APPLICATION FOR ZONING PERMIT

(Required prior to issuance of Building Permit and for all structures unregulated per PA Act 45)

Building Code Official Phone 610-692-9232 Township Office Phone 610-869-9620 Building Code Official Fax 610-692-2724 Township Office Fax 610-869-9194 Does Applicant own the property? DYes DNo Applicant _____ (Please Print) Name Address Phone No. Property Owner_ (Please Print) Name Address Phone No. Property Information Site Location _____(Lot No.) (House No.) (Street or Road) Zoning District Tax Parcel No. Parcel Type (circle one below) Residential Commercial Industrial Other (describe) Project Type (circle one below) New Principal Addition Renovation New Accessory Construction Construction Was a Conditional Use Hearing required? ☐ no. ☐ yes If yes, attach copy of the Conditional Use Decision. Was a Zoning Hearing required? □ no □ yes If yes, attach copy of the Zoning Hearing Board's Decision. NOTE: All applications require two (2) copies of the site plan showing property lines, building setback lines, existing buildings and driveways, and proposed buildings, additions and/or driveways. Locate the existing and proposed structures and driveways with dimensions to the property line. Please use a scale for the plans, such as 1" = 10'. Deck applications must demonstrate a Section View indicating the elevation or height from finished grade of the structure. Accessory structure applications require a plan and elevation view indicating the square footage and height of structure. I (WE) DECLARE UNDER THE PENALTIES OF PERJURY THAT THIS APPLICATION (INCLUDING ANY ACCOMPANYING PLANS AND SPECIFICATIONS) HAS BEEN EXAMINED BY ME (US) AND TO THE BEST OF MY (OUR) KNOWLEDGE AND BELIEF IS A TRUE, CORRECT AND COMPLETE APPLICATION. ALL CONSTRUCTION MUST CONFORM TO STANDARD ENGINEERING PRACTICES. ALL OWNERS AND APPLICANTS MUST SIGN APPLICATION. SIGNATURE OF APPLICANT(S) SIGNATURE OF PROPERTY OWNER(S) ☐ Approved ☐ Approved as noted ☐ Disapproved Tax Parcel #_____ Zoning District____ S______Permit #_____ _____ Date____ Fce : Zoning Officer