Permit No. _____
Date _____
Tax Parcel No. _____
Permit Fee _____

Zoning District _____

DATE STAMP

ZONING PERMIT APPLICATION FACT SHEET

Residential Accessory Building / Storage Shed

(for all structures under 500 sq.ft. only)

Municipality _____
Name _____
Phone No. _____
Address _____
Estimated Cost _____

Contractor _____
Phone No. _____
Address _____
Cell No. _____

Complete the diagram. Show all dimensions from property lines for all existing structures – house, garage, and proposed building location. Use additional sheet if required.

Rear Property Line

Side Property

Line Side Property Line

Front Property Line

NOTE: If applicable, you must show location of on-lot septic system

I. Dimensions:

1. Building Size: Width_____ Length_____ Height_____

Sq. Ft.:_____ft. No. of stories: _____

II. Shed Type: Prefabricated ☐ Built on-site ☐ Pole-building ☐

Will be placed: Concrete Block ☐ Gravel Bed ☐ Concrete Slab ☐ 6x6 ties w/stone ☐ Concrete Foundation ☐

FINAL INSPECTION REQUIRED – CALL MUNICIPAL SUPPORT SERVICES – 610-692-9232

_____ Applicant

_____ Date

_____ Code Enforcement/Zoning Officer

_____ Date

Anthony Campbell 610-931-3040

☐ INSPECTION APPROVED ☐ INSPECTION DISAPPROVED INSPECTION DATE _____