Zoning Permit Checklist for Applicant

I. The following must be completed and/or attached for review of permit application.

- ____ Applicant's Name (on application form)
- _____ Applicant's Mailing Address (on application form)
- _____ Applicant's Phone Number (on application form)
- _____ Property Address (if different than mailing address) (on application form)
- _____ Tax Parcel # (on application form)
- _____ Description of proposed project/Proposed Use (on application form)
- _____ Dimensions of proposed structure (if applicable) (on application form)
- _____ Zoning District (on application form) (Optional)
- _____ Easements (on application form)
- _____ Restrictions (on application form)
- _____ Variances (on application form)
- _____ Environmental Features (on application form)
- _____ Sketch depicting setbacks from all property lines (in feet) (part of application)
- _____ Sewer Permit # or willingness to serve from another municipality or authority (for additions and new construction only with on-lot sewer)
- _____ Copy of Sewer Design and/or Sewer Permit (for additions and new construction who have on-lot sewer) (attach)
 - ____ Copy of deed (attach)
- _____ Plot plan of a recorded modern subdivision plan (1980-present) (attach)
- _____ Pictures of proposed location of structure (attach) (OPTIONAL)
- _____ Any additional information which may help the review process (OPTIONAL)
- _____ Contractors agreement or homeowners acknowledgement (required if applicant is not record owner)

TULPEHOCKEN TOWNSHIP Berks County, Pennsylvania 22 Rehrersburg Rd, PO Box 272 Rehrersburg, PA 19550 Ph: (717) 933-5747 – Fax: (717)933-2014			ZONING OFFICER: Mack Engineering Inc. – Jackie 429 Barbara Street Landisville PA 17538 Ph: (717) 990-8448
APPLICATION FOR ZONING PERMIT			
PERMIT NUMBER			
FEE DATE PD. CHK. NO.	_ ZONING PERMIT FEE		
Value of Construction < \$10,000 = \$ 80 Value of Construction > \$10,000 = \$150			
NAME OF APPLICANT (must be record own	er and/or equitable owner of property) $ i$	TELEPH	ONE NO.↓
MAILING ADDRESS OF APPLICANT			ZIP CODE ↓
PHYSICAL LOCATION OF PROPERTY (i.e	e.; E. side SR 501, 1 mi. S. of Deck	Rd.)↓	
Deed Book Volume Page	Tax Parcel Identifica	ation No.	
Subdivision/Lot Number, if app. ↓ Stormwater Controls to be installed Description of proposed construction/la	(This information must be a	al dwelling; in-ground pool; or	alled. It will be verified during Inspection).
<u>Materials.</u> (i.e. block foundation, wood	frame, vinyl siding, pole building	, etc.)	
<u>Dimensions</u> ↓ <u>Area</u> ↓	<u>No. Stories/Height</u> ↓	Value of Construc	tion↓
Zoning District ↓ Required >> Provided >>	Building Setback↓	<u>Side Yard, ea.</u> ↓ 	<u>Rear Yard</u> ↓
Distance between your proposed strue	cture and your septic system?		
<u>Easements</u>			
Does your property contain easements	of any kind? Yes	NoDon't Know	V
Do you have a swale, ditch, stream, etc	. on your property? Yes	NoDon	't Know
Do you have underground utilities or ut	ility poles on/through your prop	erty?YesN	lo Don't Know

Do you have shrubs, plants along the rear of your property?Ye	s No _	Don't	Know	
Restrictions				
Does your property contain any deed restrictions? Yes	No	_Don't Know		
If yes, please list what restrictions:				
Variances				
Has your property received any zoning variances or relief from the Zonir	ng Ordinance?			
YesNoDon't Know If yes, please explain w	hat relief			
Has your property been rezoned (zoning district change?)	Yes	_No	_Don't Know	
If yes, please explain what district you changed to:				
Environmental Features				
Does your property contain steep slopes or contours?	Yes	_ No	_ Don't Know	
Does your property flood or are you located within a flood zone or	wetlands?	Yes	No	_ Don't Know

Pursuant to PA Act 38 (amending Act 287 and 172) notification to the "One Call System" is required at least three working days prior to disturbing earth with any type of powered equipment. Call Toll Free 1-800-242-1776. Please note that it is the responsibility of the applicant to make this notification.

*** Please Note: A review cannot begin until a completed application is submitted. If all vital data is not obtained prior to the end of the review period, a permit may be deemed incomplete and denied.

VERIFICATION STATEMENT

I, _______, hereby verify that the information contained in this application, including all statements, representations, and other entries, is true and correct to the best of my knowledge, information and belief. This verification is made subject to the penalties of 18 PA. C. S. §4904, relating to unsworn falsification to authorities, and §4911, relating to tampering with official records.

Applicant's Signature

Date

DO NOT WRITE BELOW - SHADED AREA FOR TOWNSHIP USE ONLY

_ Permit Issued

__Permit Denied

Reason for Denial_____

Zoning Officer Signature

Property Drawing

Please provide a sketch in the box below depicting the following information. All information must be displayed or the Zoning Permit Applicant may be deemed incomplete and may be denied.

- 1. Rough sketch of your property boundary lines
- 2. Depict all existing and proposed buildings
- 3. Distance in Feet from your proposed structure to all property lines (front, rear, and both sides)
- 4. Distance in Feet from your proposed structure to the primary residence
- 5. Distance in Feet from your proposed structure to any other accessory structures

Note: The measurements listed above are to measured at the shortest distance between your proposed structure and other structures or lot lines.