

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

Zoning District _____
Permit No. _____

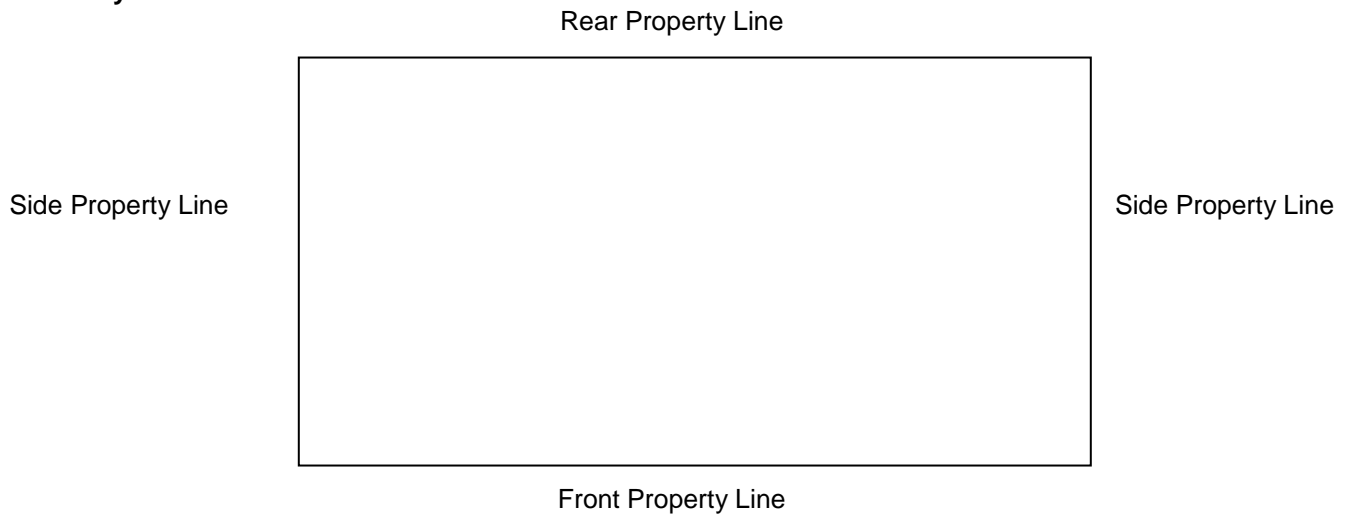
Date Stamp _____

ZONING PERMIT APPLICATION FACT SHEET
Residential Accessory Building / Storage Shed
(for all structures under 1000 sq.ft. only)

Municipality _____
Name _____
Phone No. _____
Address _____
Subdivision _____ Lot No. _____
Lot Size _____

Contractor _____
Phone No. _____
Address _____
Cell No. _____
Estimated Cost _____

I. Complete the diagram. Show all dimensions from property lines and easements for all existing structures – house, garage, and proposed building location. Use additional sheet if required. **Sheds cannot be placed in any easements.**



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

II. Dimensions:

1. Building Size: Width _____ Length _____ Height _____
Sq. Ft.: _____ ft. No. of stories: _____

III. Shed Type: Prefabricated Built on-site Pole-building

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

IV. Electric: Yes No

FINAL INSPECTION REQUIRED – CALL TECHNICON ENTERPRISES, INC. II (610) 286-1622

Applicant

Date

Code Enforcement/Zoning Officer

Date

INSPECTION APPROVED INSPECTION DISAPPROVED INSPECTION DATE _____