



WEST PIKELAND TOWNSHIP

1645 ART SCHOOL ROAD, CHESTER SPRINGS, PA 19425
610-590-5300

TOWNSHIP RECEIVED DATE

ZONING PERMIT APPLICATION # _____

PROPERTY INFORMATION

| | | | | | | | | | | | |
|-------------------------------|--|--|------|--|--------|--|--|-------|--|-----|--|
| PROPERTY OWNER/BUSINESS NAME: | | | | | PHONE: | | | | | | |
| ADDRESS: | | | | | | | | | | | |
| Street | | | Apt# | | City | | | State | | Zip | |

APPLICANT INFORMATION

| | | | | | | | | | | | |
|-----------------------------------|--|-------|------|------------|--------|---------|--|-------|--|-----|--|
| APPLICANT (Please Circle): | | Owner | | Contractor | | Manager | | Other | | | |
| NAME OF BUSINESS (if applicable): | | | | | | | | PHONE | | | |
| NAME: | | | | | EMAIL: | | | | | | |
| ADDRESS: | | | | | | | | | | | |
| Street | | | Apt# | | City | | | State | | Zip | |

CIRCLE: ADDITION ACCESSORY STRUCTURE NEW BUSINESS NEW CONSTRUCTION OTHER _____

DESCRIPTION OF WORK:

If opening a new business or changing the location of a business, please put the name of the business and type of business. For all other work requiring a zoning permit, a plot plan must be attached locating all existing and proposed man-made structures and shall include their dimensions and setbacks to at least two property lines. **IF YOU ARE APPLYING FOR A TRAILER OR CONTAINER, PLEASE PROVIDE THE IDENTIFICATION NUMBER BELOW.**

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| LOT DIMENSIONS | DIMENSIONS OF PROPOSED STRUCTURE | PROPOSED SETBACKS |
|------------------------|----------------------------------|-------------------|
| WIDTH AT FRONT _____ | LENGTH _____ | FRONT _____ |
| WIDTH AT REAR _____ | WIDTH _____ | REAR _____ |
| RIGHT SIDE DEPTH _____ | HEIGHT _____ | RIGHT SIDE _____ |
| LEFT SIDE DEPTH _____ | SQUARE FT _____ | LEFT SIDE _____ |

| IMPERVIOUS COVERAGE |
|--|
| EXISTING IMPERVIOUS COVERAGE: _____ SF |
| PROPOSED IMPERVIOUS COVERAGE: _____ SF |
| TOTAL COVERAGE (EXISTING & PROPOSED): _____ SF |

| BUILDING COVERAGE |
|--|
| EXISTING BUILDING COVERAGE: _____ SF |
| PROPOSED BUILDING COVERAGE: _____ SF |
| TOTAL COVERAGE (EXISTING & PROPOSED): _____ SF |

I HEREBY CERTIFY THAT THE PROPOSED WORK IS AUTHORIZED BY THE OWNER OF RECORD, THAT I HAVE BEEN AUTHORIZED BY THE OWNER TO MAKE THIS APPLICATION AS HIS/HER AUTHORIZED AGENT, AND WE AGREE TO CONFORM TO ALL APPLICABLE LOCAL, STATE, AND FEDERAL LEGISLATION.

SIGNATURE

DATE

