

WEST PIKELAND TOWNSHIP

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

TOWNSHIP RECEIVED DATE

ZONING PERMIT APPLICATION #_

PROPERTY INFORMATION					Control of the Contro	
PROPERTY OWNER/BUSINESS NAME:			F	PHONE:		
ADDRESS:	1					
Street	Apt#	City		State	Zip	
APPLICANT INFORMATION						
APPLICANT (Please Circle): Owner	Contractor	Manager	Other	4. 4.		
NAME OF BUSINESS (if applicable):				PHONE		
				FIIONE		
NAME:		EMAIL:				
ADDRESS:						
Street	Apt#	City		State	Zip	
CIDCLE: ADDITION ASSESSED VICTOR	NEW BUSINE					
CIRCLE: ADDITION ACCESSORY STE	RUCTURE NEW BUSINE	SS NEW CONSTR	RUCTION	OTHER		
	DECORIDE	N OF WORK				
If an anima a many horsing are an already in a that I are		ON 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						
least two property lines. If TOO ARE AFFEITH	GTON A TRAILER ON CONTAIN	ILIN, FLEASE FROVIDE	. THE IDENT	TIFICATION NOW	IBER BELOW.	
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LOT DIMENSIONS		ROPOSED STRUCTU			OSED SETBACKS	
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LEFT SIDE DEPTH		4000000	N. II I I I I I I I		377631.22	
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IMPERVIOUS COVERAGE			BUILDING COVERAGE			
EXISTING IMPERVIOUS COVERAGE: SF			EXISTING BUILDING COVERAGE: SF			
PROPOSED IMPERVIOUS COVERAGE: SF TOTAL COVERAGE (EXISTING & PROPOSED): SF			PROPOSED BUILDING COVERAGE: SF			
TOTAL COVERAGE (EXISTING & PRO	TOTAL CO	TOTAL COVERAGE (EXISTING & PROPOSED): SF				
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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

PLOT PLAN REQUIRED: ATTACHMENT MAY BE SUBMITTED. **ZONING OFFICER USE ONLY:** APPROVED DENIED ISSUE DATE: _____ EXPIRATION DATE: _____ SIGNATURE: TOWNSHIP USE ONLY: FLOODPLAIN ADMINISTRATOR USE ONLY: Is this site located within an identified flood hazard area? YES NO CHECK #____CASH SIGNATURE:_____ DATE:_____ AMOUNT \$_____ **ZONING OFFICER COMMENTS:**