# PERKIOMEN TOWNSHIP ZONING PERMIT APPLICATION

1 TRAPPE ROAD COLLEGEVILLE, PA 19426 610-489-4034 (PHONE) 610-489-4918 (FAX)

TOWNSHIP USE ONLY							
Date Issued: /	/	Permit #:	Approved	d By:			
Permit Fee:	\$	_					
Total Fees:	\$	_ Date Stamp W	hen Received:				
Total Tees.	Total Fees: \$ Date Stamp When Received:						
I. PERMIT TYPE							
□ Residential				☐ Commercial			
		•					
II. TYPE OF \	II. TYPE OF WORK OR IMPROVEMENT						
Accessory Structu	ure*: □ <100 sq. ft	. 🗆 101-300	sq. ft. □ 301	-500 sq. ft.	□ 500-1000 sq. ft.		
☐ In-Law Quarters ☐ Sign* ☐ Fence* ☐ Freestanding Wall*							
	□ No-Impact Home Based Business** □ Home Occupation**						
Description of Im	•						
,	<u>, l</u>						
* This permit ap	plication requires	a plot plan.	See section \	/I for instru	ctions.		
**This permit re	**This permit requires a signed affidavit that certifies compliance with Section 8.8						
ot the Perkion	nen Township Zon	ing Ordinan	ce and shall b	e renewed	yearly.		
See Page 4 of	•				· ·		
III. LOCATIO	N OF JOB						
Site Address:							
Cross Streets:			and				
Subdivision Nam	ie:		Lot #:				
Block:	Unit:		Zoning	District:			
IV. OWNER							
Name:			Phone	#: -	-		
Address:							
City, State, Zip:							
V ADDI IOANT							
V. APPLICAN	THE CHE	CK IF:	<u> </u>				
Name:			Phone	#: <u>-</u>	-		
Address:			Fax #:	-	-		
City, State, Zip:							

#### VI. PLOT PLAN

The applicant shall include a scaled or dimensioned plot plan showing lot lines, existing structures, any easements, restricted features, the proposed improvement, and distances of the proposed improvement to the property lines. Sign, Fence, & Free Standing Wall applications must also atttach a scaled or dimensioned drawing of the sign, fence, or free standing wall. If different heights of fence or wall are used on a parcel, the plot plan shall be marked accordingly. (See Page 3)

VII. APPLICANT SIGNATURE				
I HEREBY CERTIFY THAT I AGREE TO ABIDE TO ALL APPLICAS IT RELATES TO THIS PERMIT. I FURTHER AGREE THAT APPLICATION, THE PROPOSED WORK IS AUTHORIZED BY AUTHORIZED BY SUCH TO MAKE THIS APPLICATION AS H	IF I AM THE CONTE THE OWNER OF R	RACTOR SIG	GNING THIS D I HAVE BEEN	
Applicant Name (print):Applicant Signature:	 Date:	/	<u> </u>	
VIII. FEES				
Accessory Structures: Includes Carports, Detached Private Buildings up to 1000 sq. ft. Structures permit.  Fee: \$40.00	•	·		
In-Law Quarters: A self-contained apartment contained with accessible from a separate access point. They are only per resides and shall be used by an immediate family member of In-Law Quarters be utilized as a rental unit.  Fee: \$40.00	mitted in a property	where the	record owner	te
0: 440.00				
Signs: \$40.00 per sign				
Fence or Free Standing Wall: \$40.00				
<del></del>				
Home Occupations or No-Impact Home Based Business Section II of this application. Applicant must also complete a Section 310-45 of the Code of the Township of Perkiomen.			•	in

## FEES TO BE PAID BY CHECK OR MONEY ORDER!!!

# DRAW PLOT PLAN HERE OR ATTACH DRAWING

### Home Occupation or No-Impact Home Based Business Affidavit

By signing below, I (we) hereby certify that I (we) have received, read, understand, and agree to be bound by the Home Occupation or No-Impact Home Based Business Regulations set forth in Section 310-45 of the Code of the Township of Perkiomen presently in effect, and any subsequent amendments thereto. If approved, I (we) understand that the permit is valid for one (1) year from the date the permit is issued from Perkiomen Township and I (we) agree to reapply yearly on the forms provided by Perkiomen Township in the event that I (we) continue to run the Home Occupation or No-Impact Home Based Business from my (our) home. Further, I (we) agree to operate the proposed Home Occupation or No-Impact Home Based Business in full compliance with all other applicable Township Ordinances, and all State and Federal Laws and Regulations.

Applicant(s):				
Date	Signature	Print Name		
Date	 Signature	Print Name		