# 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 By:		
Permit Fee:	\$				
Total Fees:	\$	Date Stam	p When Received:		
Jane Gamp Willer					
I. PERMIT TYPE					
□ Residential			□ Commercial		
II. TYPE OF W	ORK OR IMPR	OVEME	NT		
Accessory Structure*: □ <100 sq. ft. □ 101-300 sq. ft. □ 301-500 sq. ft. □ 500-1000 sq. ft.					
☐ In-Law Quarters ☐ Sign* ☐ Fence* ☐ Freestanding Wall* ☐ Patio / Flatwork*					
☐ No-Impact Home Based Business** ☐ Home Occupation**					
Description of Imp					
			an. See section VI for instructions.		
			at certifies compliance with Section		
		vnship of	Perkiomen and shall be renewed yearly.		
See Page 4 of 4	<u>4.                                    </u>				
III I OCATION	LOT IOD				
III. LOCATION	OF JOB				
Site Address:					
Cross Streets:			and		
Subdivision Name			Lot #:		
Block:	Unit:		Zoning District:		
IV. OWNER					
Name:			Phone #:		
Address:			Email:		
City, State, Zip:					
- · <b>y</b> , - · · · · ,					
V. APPLICAN	T CHE	CK IF:	□ SAME AS OWNER		
Name:			Phone #:		
Address:			Email:		
City State 7in:					

#### 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. APPLICA	NT SIGNATURE			
I HEREBY CERTIFY THAT I AGREE TO ABIDE TO ALL APPLICABLE LAWS AND CODES OF THIS JURISDICTION AS IT RELATES TO THIS PERMIT. I FURTHER AGREE THAT IF I AM THE CONTRACTOR SIGNING THIS APPLICATION, THE PROPOSED WORK IS AUTHORIZED BY THE OWNER OF RECORD AND I HAVE BEEN AUTHORIZED BY SUCH TO MAKE THIS APPLICATION AS HIS/HER AUTHORIZED AGENT.				
Applicant Name (pri	nt): Date:/			
VIII. FEES				
VIII. I LLS				
Patio / Flatwork:	res: Includes Carports, Patios, Detached Private Garages, Greenhouses, Sheds, & Agricultural Buildings up to 1000 sq. ft. Structures exceeding 1000 sq. ft. shall obtain a building permit.  Includes concrete or paver construction of patios, walkways, or similar construction on the lot.			
la Laur Occasione A	and the second s			
accessible from a se resides and shall be	self-contained apartment contained within a single family <b>detached</b> dwelling that is eparate access point. They are only permitted in a property where the record owner used by an immediate family member only. Under no circumstances shall the separate utilized as a rental unit.			
Signs: \$40.00 per s	ign			
Fence or Free Stan	ding Wall: \$40.00			
Section II of this app	s or No-Impact Home Based Business: Applicant must state the type of occupation in olication. Applicant must also complete affidavit on page 4 of 4. Ask for a copy of e Code of the Township of Perkiomen.			

### 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 Date	Signature	Print Name
Date	 Signature	Print Name