

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 Stamp When Received:	

I. PERMIT TYPE	
<input type="checkbox"/> Residential	<input type="checkbox"/> Commercial

II. TYPE OF WORK OR IMPROVEMENT
Accessory Structure*: <input type="checkbox"/> <100 sq. ft. <input type="checkbox"/> 101-300 sq. ft. <input type="checkbox"/> 301-500 sq. ft. <input type="checkbox"/> 500-1000 sq. ft. <input type="checkbox"/> In-Law Quarters <input type="checkbox"/> Sign* <input type="checkbox"/> Fence* <input type="checkbox"/> Freestanding Wall* <input type="checkbox"/> Patio / Flatwork <input type="checkbox"/> No-Impact Home Based Business** <input type="checkbox"/> Home Occupation**
Description of Improvement:
* This permit application requires a plot plan. See section VI for instructions.
**This permit requires a signed affidavit that certifies compliance with Section 310-45 from the Code of the Township of Perkiomen and shall be renewed yearly. See Page 4 of 4.

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:	

V. APPLICANT	CHECK IF: <input type="checkbox"/> SAME AS OWNER
Name:	Phone #: - -
Address:	Email:
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 attach 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 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 (print): _____

Date: ____/____/____

Applicant Signature: _____

VIII. FEES

Accessory Structures: 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.

Fee: \$40.00

In-Law Quarters: A self-contained apartment contained within a single family **detached** dwelling that is accessible from a separate access point. They are only permitted in a property where the record owner resides and shall be used by an immediate family member only. Under no circumstances shall the separate In-Law Quarters be utilized as a rental unit.

Fee: \$40.00

Signs: \$40.00 per sign

Fence or Free Standing Wall: \$40.00

Home Occupations or No-Impact Home Based Business: Applicant must state the type of occupation in Section II of this application. Applicant must also complete affidavit on page 4 of 4. Ask for a copy of Section 310-45 of the Code of the Township of Perkiomen.

Fee: \$40.00

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