



1721 Valley Forge Road
P.O. Box 767
Worcester, PA 19490

ERECTED INTO A TOWNSHIP IN 1733
TOWNSHIP OF WORCESTER
AT THE CENTER POINT OF MONTGOMERY COUNTY
PENNSYLVANIA

DATE RECEIVED (OFFICE
USE ONLY)

Phone (610) 584-1410
Fax (610) 584-8901

PARCEL INFORMATION (OFFICE USE ONLY)		APPLICATION NO:	
PARCEL NO: 6700-		UNIT NO:	
BLOCK NO:		ZONING DIST:	

ZONING PERMIT APPLICATION

(Building permit applications will not be approved until a zoning permit is approved and all applicable approvals are received.)

1. PROPERTY LOCATION / ADDRESS	
2. PROPERTY OWNER	
Name	Mailing Address
City	State / Zip
Phone #	E-mail

3. PROPOSED USE FOR THIS ZONING PERMIT (PLEASE CHECK ONE):			
<input type="checkbox"/> New Use	<input type="checkbox"/> Change of Use	<input type="checkbox"/> New Tenant	<input type="checkbox"/> Other Structure/Use

Description of proposed construction or use:

(Example: Business name, hours of operation, number of employees, room size, layout, etc.)

4. DESCRIPTION OF PROPOSED CONSTRUCTION OR USE:			
<input type="checkbox"/> Residential	<input type="checkbox"/> Commercial	<input type="checkbox"/> Industrial	<input type="checkbox"/> Other Use
Public Sewer Authority or Department of Health proof of sewer certificate and capacity for proposed use.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

(Please attach a sketch plan to this application showing the precise location of all existing or proposed structures on the property and the distances between structures, as well as the distances to all property lines or centers of abutting roadways.)

5. STRUCTURAL / LOT CHARACTERISTICS:	
Street Frontage (ft.)	Rear Setback (ft.)
Building or Structure Area	Left Setback (ft.)
Office / Retail (Sq. ft.)	Right Setback (ft.)
Parking Area (Sq. Ft.)	Lot Area (Sq. Ft.)
Total Impervious Coverage:	

6. EARTH AND PROPERTY DISTURBANCE

<input type="checkbox"/> Yes <input type="checkbox"/> No	Is any part of your property in a floodplain?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do any neighbors, utilities, etc. have easements or right of way on the
<input type="checkbox"/> Yes <input type="checkbox"/> No	Will there be any earth disturbance?

Project documents (drawings & calculations) submitted with application:
 (Plan should show the proposed location and size of the structure with a dotted line. Provide the dimensions or square footage of each item on the property (house, shed, poll, drive, etc.) for impervious surface coverage calculations.)

DRAWING/REPORT	SUBMITTED	SIGNED & SEALED	DATE	REVISION DATE
Plot Plan (2)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Structural Drawings (2)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Electrical Drawings (2)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		

7. Contact Information

<u>Property Owner:</u>		Address:
Home Phone:	Work/Mobile Phone:	E-mail Address:

<u>Tenant:</u> <input type="checkbox"/> Same as owner		Address:
Home Phone:	Work /Mobile Phone:	E-mail Address:

<u>Contractor:</u>		Address:
Home Phone:	Work/Mobile Phone:	E-mail Address:

Please complete the below to calculate the total proposed and existing building and impervious surface coverages, and return this form with your permit application. This information is needed to issue a permit for your project. Please contact the Codes Department at (610) 584-1410 to obtain the gross lot area for your property, or if you require additional information.

CALCULATE BUILDING COVERAGE

Note... Building coverage includes any structure or improvement that is "under roof".

_____ sf *proposed* improvement(s) _____
_____ sf existing home/office/building
_____ sf existing garage
_____ sf existing shed
_____ sf existing other _____

_____ sf total proposed and existing building coverage (*add all above*)
_____ sf gross lot area

_____ % **BUILDING COVERAGE PERCENT** (= *total building coverage / gross lot area*)

CALCULATE IMPERVIOUS COVERAGE

Note... Impervious coverage includes any structure or improvement that does not allow water to infiltrate into the ground.

_____ sf *proposed* improvement(s) _____
_____ sf existing driveways & walkways
_____ sf existing patio
_____ sf existing pool and coping
_____ sf existing other _____
_____ sf total proposed and existing building coverage (*from above*)

_____ sf total proposed and existing impervious coverage (*add all above*)
_____ sf gross lot area

_____ % **IMPERVIOUS COVERAGE PERCENT** (= *total impervious coverage / gross lot area*)

APPLICANT: _____
SIGNATURE: _____

PLEASE NOTE:

The property owner(s) must sign this application to verify the contractor or tenant has permission from the property owner(s) to do all the construction work authorized by the issuance of this permit. A site plan with the appropriate construction documents must accompany this application.

By signing this application, authorization is granted to any municipal representative of Worcester Township to access the above property as stated within this application at any time, without an administrative warrant, to inspect and verify that any proposed use and/or structures contained within this application and/or that exists on the above property complies with all the Worcester Township zoning and building code ordinances. The application, together with the signed site plan and constructions documents, is made part of this application by the undersigned. Furthermore, it is clearly understood and agreed to by the applicant and property owner that the Township office is not responsible for any property dimensions shown on the site plan and establishment of property lines is the sole responsibility of the property owner and applicant. The applicant and property owner also agree they are responsible for the replacement of any township road, to township standards, which is damaged during the building of the permitted structure, and understands that the information provided on this application by the applicant(s) and property owner(s) is true and correct to the best of their knowledge or belief.

Signature of Applicant(s): _____ Date: _____

Signature of Owner(s): _____ Date: _____

DEPARTMENT USE ONLY- ZONING PLAN EVALUATION

Zoning Hearing Board approval required: Yes

Zoning permit in accordance with the foregoing application is hereby granted, subject to the following restrictions: None

Zoning Permit is: Approved Denied

PERMIT REVIEW (Office use only)			
Zoning Review:	Date Approved:	Type of Const:	VB or _____
Permit Conditions:			

Zoning Officer: _____ **Date:** _____