

EAST ROCKHILL TOWNSHIP
SHED APPLICATION

1622 Ridge Road, Perkasie, PA
 215-257-9156

Application Date: _____

SHED PLAN REQUIREMENTS:

- Two (2) complete sets are required; including a plot plan showing existing structures and location of proposed shed with the distance to property lines. If possible, submit a brochure picture from the dealer.
- Footings, include size, depth, height, location and method of installation.
- A **Zoning Permit Application must be submitted** with paperwork

1. PROPERTY INFORMATION

Street Address	Zip	Parcel Number	Zoning
Subdivision	Lot Number	Parcel Type ___ Residential (R) ___ Industrial (I) ___ Commercial (C) ___ Other (O)	

2. OWNER INFORMATION

First Name	Last Name or Business Name	Phone
Street Address	City	State Zip

3. CONTRACTORS INFORMATION

	NAME OF CONTRACTOR	STREET ADDRESS	CITY, STATE
Applicant (not owner)			
Manufacturer			
Concrete			
Electrical (if any)			

4. SHED DESIGN INFORMATION

Plot Plan Required

A plot plan of the property showing where the shed will be located must be submitted with the application

DIMENSIONS OF SHED: _____

STRUCTURAL FRAME: Wood Masonry Other, Identify;
 Steel Concrete

EXTERIOR WALLS: Wood Masonry Other, Identify;
 Steel Concrete

Is the structure assembled off-site? Yes No

Any electric being installed? Yes No

If yes, describe: _____

Building Estimated Value: \$ _____

5. CERTIFICATION

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his/her authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the code official or the code official's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provision of the code(s) applicable to such permit.

 Signature of Applicant Address Phone No.

 Homeowner Signature (required) Phone No.

ZONING PERMIT APPLICATION

EAST ROCKHILL TOWNSHIP
1622 Ridge Road, Perkasie, PA
18944
215-257-9156 fax 215-257-1299
www.EastRockhillTownship.org
Staff@EastRockhillTownship.org

TAX PARCEL Number: 12-_____

Date: _____

PROPERTY ADDRESS: _____

APPLICANT Name: _____ Phone No.: _____

Address: _____ Fax No.: _____

e-mail: _____

If different than applicant:

OWNER Name: _____ Phone No.: _____

Address: _____ Fax No.: _____

e-mail: _____

Relationship between Applicant & Owner _____

Proposed Use/Construction being applied for: _____ Zoning District: _____

New Single Family Dwelling: Sewer: Public * Private *Bucks County Health Department Permit # _____
Water: Public Private

SQUARE FOOTAGE for: Lot: _____ sq.ft. Main Bldg.: _____ sq.ft. Outbuildings: _____ sq.ft.

SETBACKS: Front _____ Side _____ Rear _____ Side _____

ESTIMATED COST of Construction or Alteration: \$ _____

Applicant certifies the attached **PLANS have been SUBMITTED** in duplicate and drawn to scale **INDICATING THE FOLLOWING:**

- € Dimension and shape of lot to be built upon with the exact size and location of all buildings/structures on the lot, if any, and the **location and dimensions** of proposed building, structure or alteration **with front, sides and rear distances to property lines indicated.**
- € Existing and proposed uses, showing number of families, if any, that the building is designed to accommodate.
- € Provisions made for the treatment and disposal of sewage, industrial waste, and water supply and storm drainage.
- € Certificate from Bucks County Board of Health regarding proposed on-site sewage disposal and/or water.
- € Bucks County Conservation District for any earth disturbance of more than 1,000 square feet, 215-345-7577.
- € Appropriate zoning fee according to the current fee schedule.

One copy of the plans shall be returned to the applicant after the Zoning Officer has marked such copy either approved or denied and attested to it by affixing his/her signature. The second copy shall be similarly marked and shall be retained and filed by the Zoning Officer.

The applicant hereby certifies that the statements and data contained herein and attached hereto are true and complete.

Applicant Signature _____ Date _____

REQUIRED Homeowners Signature _____ Date _____

FOR TOWNSHIP USE

Zoning Permit in accordance with the foregoing application is hereby granted, subject to the following restrictions: NONE _____

APPROVED DENIED Zoning Officer _____

Date _____

Fee _____