

HAYCOCK TOWNSHIP  
640 Harrisburg School Road  
Quakertown, PA 18951  
(215) 536-3641 fax (215) 536-7211

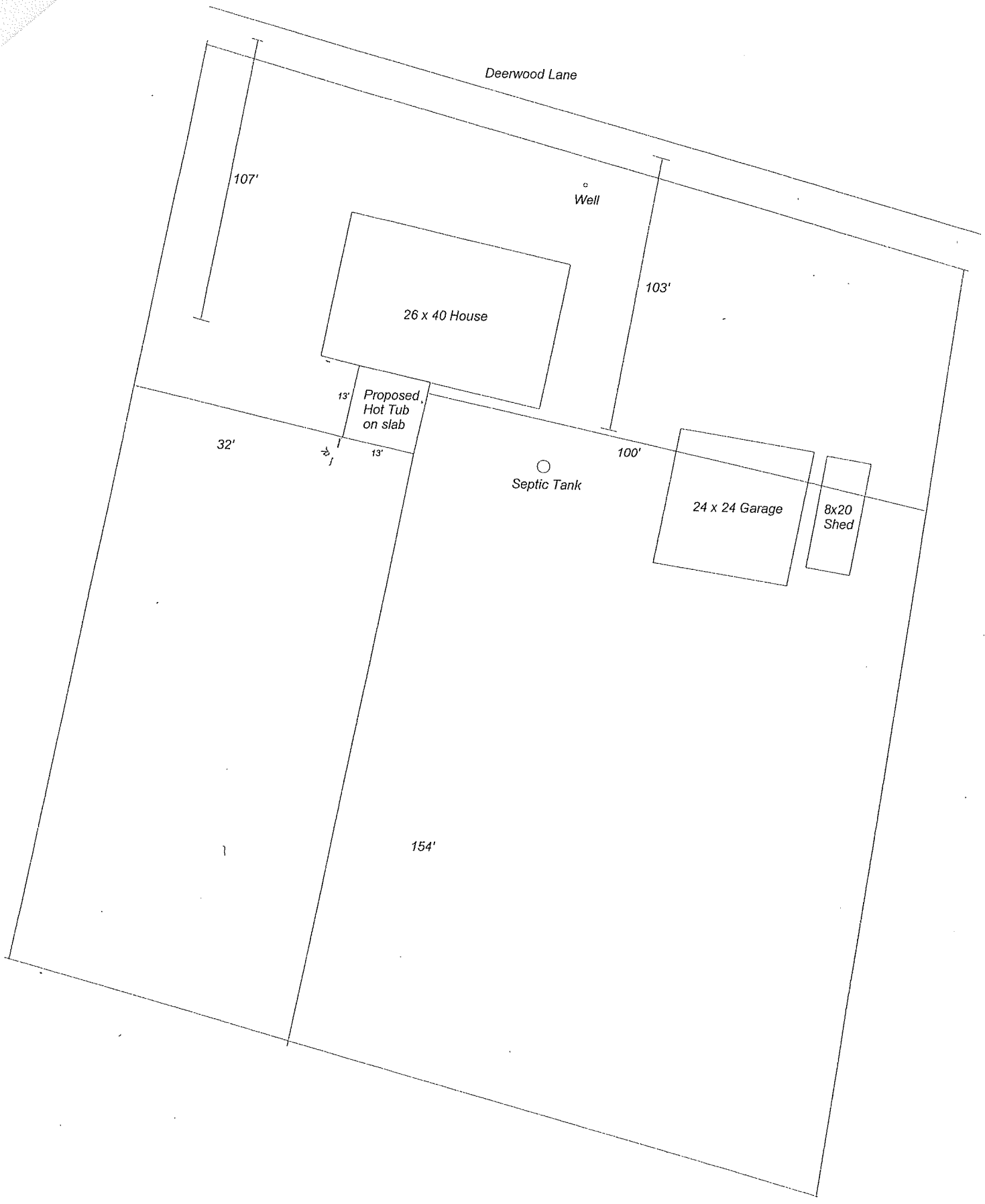
**ZONING APPLICATION REQUIREMENTS**

Application will not be considered complete for review and no permit will be issued until all requirements have been submitted and approved.

**Accessory Structure under 1000 sq. ft.**

- \_\_\_1. **Zoning Permit Application**
  
- \_\_\_2. **Plot Plan** -with location, dimensions, and distances to property lines of proposed structure. The site layout plan shall also include all existing structures, all woodlands -including trees to be removed, as well as delineation of any other required environmental features.
  
- \_\_\_3. **Pre-construction Stakeout**
  
- \_\_\_4. **Zoning Fee of \$50 payable to Haycock Township**
  
- \_\_\_5. **Worker's Comp. and Liability Insurance Information of contractor**
  
- \_\_\_6. **Any other information deemed necessary to determine compliance.**

# SAMPLE PLOT PLAN



S.O.  
4/15/04  
JKL

HAYCOCK TOWNSHIP  
640 Harrisburg School Road  
Quakertown, PA 18951  
215-536-3641 FAX 215-536-7211  
Building Dept 215-538-4066

**Zoning and Building Permit Application**

Tax Parcel No. \_\_\_\_\_ Zoning District \_\_\_\_\_ Date \_\_\_\_\_

Zoning Permit No. \_\_\_\_\_ Building Permit No. \_\_\_\_\_

Zoning Fee \_\_\_\_\_ Building Fee \_\_\_\_\_

Stormwater \_\_\_\_\_ Conservation District \_\_\_\_\_  
Fee Collected Approval Date Approval Date

Zoning Final Inspection \_\_\_\_\_ Building Final Inspection \_\_\_\_\_

.....Above For Office Use .....

Applicant \_\_\_\_\_ Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Address \_\_\_\_\_

Owner (if different from applicant) \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Location of Property \_\_\_\_\_

Contractor \_\_\_\_\_ License No. \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Proposed Use \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Total square feet of proposed footprint \_\_\_\_\_ of complete structure \_\_\_\_\_

Number of Bedrooms \_\_\_\_\_ Number of Floors \_\_\_\_\_ Height \_\_\_\_\_ Cost: \_\_\_\_\_

All applications must include SITE LAYOUT PLAN indicating:

- \* Location and dimensions of proposed structure including distances from property lines
- \* Location and dimensions of all existing structures, driveway, well, septic
- \* Environmental features (ponds, streams, woodlands, etc.)

Dimensions and locations presented by applicant will be deemed accurate.

All applications must include: 2 copies of the Building Plan

IT IS THE APPLICANTS RESPONSIBILITY TO:

- \* Contact the office for a pre-construction stakeout
- \* Schedule inspections with Building Dept as needed
- \* Contact the township office for a final inspection

Consent : INITIAL HERE \_\_\_\_\_ YES or NO - I hereby give my consent allowing Haycock Township representatives to enter my property without prior notice in order to make the above inspections.

I CERTIFY THAT THIS INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT NON-COMPLIANCE WITH THE DESIGN RECOMMENDATIONS SET FORTH BY THE ROADMASTER AND/OR ENGINEER MAY JEOPARDIZE THE ISSUANCE OF ANY OCCUPANCY PERMIT.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Application will not be considered for action until all required information is submitted.**

..... Below For Office Use .....

**ZONING**

\_\_\_\_\_ Zoning Permit Granted subject to Zoning Officer Directives:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Zoning Department Approval for Project

\_\_\_\_\_  
Date

\_\_\_\_\_  
Zoning Final Inspection

\_\_\_\_\_  
Date

**BUILDING**

\_\_\_\_\_ Building Permit Granted subject to Building Inspector Directives:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Plumbing certification: \_\_\_\_\_

Mechanical certification: \_\_\_\_\_

\_\_\_\_\_  
Building Department Approval for Project

\_\_\_\_\_  
Date

\_\_\_\_\_  
Building Final Inspection

\_\_\_\_\_  
Date