HAYCOCK TOWNSHIP

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

Zoning and Building Permit Application

| Tax Parcel No | Zoning D | istrict | Date | |
|-------------------------------------|---------------------|---------------------------|---------------|---------------|
| Zoning Permit No | | Building Pe | ermit No | |
| Zoning Fee | | Building Fe | ee | |
| StormwaterFee Collected | Approval Date | Conservatio | on District | Approval Date |
| Zoning Final Inspection | | Building Final Inspection | | |
| | Above For Office Us | e | | |
| | | | | |
| Applicant | | Phone | | E-mail |
| Address | | | | |
| Owner (if different from applicant) | | | one | |
| Address | | | | |
| Location of Property | | | | |
| Contractor | | | License No | |
| Address | | | Phone | |
| Proposed Use | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total square feet of proposed | footprint | of com | plete structu | re |
| Number of Bedrooms | Number of Floors_ | Heig | ht | 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 Yepresentatives to enter my property | | | | • |
|--|---------------|---------------------------|--------------------------|----------|
| I HEREBY VERIFY THAT THE RESP ARE TRUE AND CORRECT TO THE | | | | ттн |
| Signature Application will not be considered | | tion until all required i | Pate nformation is su | bmitted. |
| ZONING Zoning Permit Granted subject to | | | | |
| | | | | |
| Zoning Department Approval for Project | Date | Zoning Final Inspection | | Date |
| BUILDING Building Permit Granted subject | t to Building | r Inspector Guidelines: | | |
| Plumbing certification: Mechanical certification: | | | | |
| Building Department Approval for Project | Date | Building Final Inspection | | |