

Lower Alsace Township

1200 Carsonia Avenue
 Reading PA 19606
 Phone (610) 779-6400
 Fax (610) 370-0797



Code Enforcement Department

Permit No. _____

Application For Zoning Permit

PART A: To Be Completed By Owner/Applicant		
Name Of Owner:		Address:
Phone No:		
Name Of Contractor:		Address:
Phone No:		
Architect/Engineer:		Address:
Phone No:		
Property Location:		
Subdivision Name:	Lot No:	Lot Area:
Tax PIN:	Zoning District:	
APPLICATION Is Hereby Made For The Following:		
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<input type="checkbox"/> Detached Garage <input type="checkbox"/> Deck, <input type="checkbox"/> Patio, <input type="checkbox"/> Porch, <input type="checkbox"/> Balcony		
<input type="checkbox"/> Shed, Use: <input type="checkbox"/> Agricultural Structure		
<input type="checkbox"/> Fence, Shall Not Be Located Within Township or State Road Right-of-Ways or Clear Sight Triangles.		
<input type="checkbox"/> Other Accessory Use, Describe Use:		
DESCRIPTION OF WORK TO BE PERFORMED:		
<small>(1): Each Individual Building Requires A Building Permit, Each Dwelling Unit/Occupancy Requires A Use & Occupancy Permit</small>		
Building/Structure & Lot Coverage Information: (Proposed Building/Structure unless otherwise noted)		
Building/Structure Footprint Area (sf):	New Construction:	Existing:
(IOP, I-1, and I-2) Impervious Area ⁽¹⁾ (sf):	New Construction:	Existing:
Building/Structure Height: Stories:	Feet:	Width: Length:
Floor Area (sf): Living:	Basement and Attics With 7'-6" (+) Ceiling Height):	Total:
Is structure located within a floodplain area ? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Water Supply:	<input type="checkbox"/> Public <input type="checkbox"/> Private	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private
<small>(1): Includes driveways to the street right-of-way line, parking lots, sidewalks, and unroofed patios and decks</small>		
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Application For Building Permit		
Estimated Costs:		
Permit Fee _____		

Total: \$ _____		

STATEMENT BY APPLICANT, OWNER and/or OWNER'S AGENT- Initial all that applies

_____ We have /have not attached a Stormwater Drainage Plan. If not, we meet the exemption criteria of the Lower Alsace Township Stormwater Ordinance

_____ We have shown all known easements and right-of way on the required site plan

_____ There are no deed restrictions or covenants preventing this work

_____ We have obtained and present herewith the necessary Erosion and Sedimentation Control approval from the Berks County Conservation District for disturbed areas over 5,000 square feet.

_____ We have performed a pre-plan PA ONE CALL (811) to determine that no underground utilities exist on my property and we acknowledge that we must perform a PA ONE CALL prior to digging

_____ We are the owners of record of the subject property or we were presented written authorization from the owner of the property authorizing the work and designating us as agent

----- It is the Owner's responsibility to review and comply with applicable laws, ordinances and regulations. Approval of this permit application by the Zoning Officer does not relieve the Owner from complying with any of these requirements.

Signature of Applicant: _____ Date: _____

Signature of Property Owner/Agent: _____ Date: _____

PART B: TO BE COMPLETED BY THE ZONING OFFICER

Additional Approvals:

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> Plumbing | <input type="checkbox"/> On-Lot Sewage Disposal |
| <input type="checkbox"/> Driveway | <input type="checkbox"/> Public/Community Sewage Disposal |
| <input type="checkbox"/> Fire Code | <input type="checkbox"/> Industrial Waste Discharge |
| <input type="checkbox"/> Public Water | <input type="checkbox"/> Labor & Industry |

Building Permit: \$ _____

Certificate of Use & Occupancy: \$ _____

Less Application fee \$ (_____)

Driveway Permit: \$ _____

State UCC Charge: \$ \$4.00

TOTAL DUE: \$ _____

Paid by: _____

Check No. _____

Date Paid: _____

Total Paid: _____

Approval/Denial:

Application Approved Permit Expiration Date: _____

Application Denied

Reason(s) for Denial: _____

Zoning Officer's Signature: _____ Date: _____