

Lower Alsace Township

1200 Carsonia Avenue

Reading PA 19606

Phone (610) 779-6400

Fax (610) 370-0797

**Code Enforcement Department**

Permit Number: _____

APPLICATION FOR ZONING PERMIT

Rev Jan 2024

PART A: TO BE COMPLETED BY OWNER / APPLICANT

Name of Property Owner:	Address:
Phone No.: Mobile Phone No.:	Email Address:
Name of Applicant if other than Owner:	Address:
Phone No.: Mobile Phone No.:	Email Address:
Name of Contractor/Architect/Engineer:	Address:
Phone No.: Mobile Phone No.:	Email Address:

PROPERTY INFORMATION

Property Location: _____ Tax PIN: _____

Subdivision Name: _____ Lot Number: _____ Lot Area: _____

Zoning District (Select one): ☐ R-C ☐ R-1 ☐ R-2 ☐ R-3 ☐ R-4 ☐ R-5 ☐ C-1 ☐ C-2 ☐ I-1

APPLICATION IS MADE FOR THE FOLLOWING

☐ Detached Garage ☐ Deck ☐ Patio DESCRIPTION OF WORK :
☐ Porch ☐ Balcony ☐ Fence TO BE PERFORMED
☐ Agricultural Structure ☐ Shed, Use:
☐ Other Accessory Use, Describe:

Fences shall not be located within a Township or State Road Right-of-Way, or Clear Sight Triangles. Each Individual Building requires a Building Permit, Each Dwelling a U&O Permit

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 * (sf): New Construction: _____ Existing: _____

Building/Structure Height: Stories: _____ Feet: _____ Width: _____ Length: _____

Floor Area (sf): Living: _____ Basements and Attics with 7'6" (+) Ceiling Height: _____ Total: _____

Is Structure located within a Flood Plain Area? ☐ Yes ☐ No Water Supply: ☐ Public ☐ Private Sewage Disposal: ☐ Public ☐ Private

* Includes driveways to the street right-of-way line, parking lots, sidewalks, and unroofed patios and decks

STATEMENT BY APPLICANT, OWNER, and/or OWNER'S AGENT:

Review and Initial all:

- _____ I / We have/have not attached a Stormwater Drainage Plan. If not, I/we meet the exemption of criteria of the Lower Alsace Township Stormwater Ordinance
- _____ I / We have shown all known easements and rights-of-way on the required site plan
- _____ There are no deed restrictions or covenants preventing this work
- _____ I / 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
- _____ I / We have performed a pre-plan PA ONE CALL (811) to determine that no underground utilities exist on my property, and I/we acknowledge that we must perform a PA ONE CALL prior to digging
- _____ I / We are the owners of record of the subject property, or I/we were presented written authorization from the owner of the property authorizing the work and designating us as agent

As the property owner and responsible party, I do hereby certify that the information provided by me on this application is true and correct. I acknowledge that it is my/our 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. I am authorized to make this application, and voluntarily consent to allowing the Lower Alsace Township Zoning Officer to enter the above-described premises to conduct the required inspections as part of an issued permit.

Signature of Applicant: _____

Date: _____

Signature of Property Owner/Agent: _____

Date: _____

PART B: TO BE COMPLETED BY ZONING OFFICER**ADDITIONAL APPROVALS REQUIRED:**

- ☐ Building ☐ Electrical ☐ Mechanical/HVAC ☐ Plumbing ☐ Driveway
- ☐ On-lot Sewage ☐ Public/Community Sewage ☐ Industrial Waste Discharge ☐ Public Water
- ☐ Fire Code ☐ Labor & Industry ☐ Other:

APPLICATION IS: ☐ **Approved** ☐ **Denied** PERMIT NO.: _____ PERMIT EXPIRATION DATE: _____**Reason for Denial:****ZONING OFFICER SIGNATURE:** _____**DATE:** _____**FEES**

Permit Fee : \$ _____

Other Fees : \$ _____ Description of other Fees:

TOTAL DUE: \$ _____ Reason for any Waiver/Fee Reduction:**TOTAL PAID:** \$ _____

Method of Payment: _____ Check No. _____ Date Paid: _____ Paid by: _____