

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 HEREBY VERIFY THAT THE RESPONSES AND INFORMATION SUBMITTED HEREWITH ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

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 Guidelines:

Zoning Department Approval for Project

Date

Zoning Final Inspection

Date

BUILDING

_____ **Building Permit Granted** subject to Building Inspector Guidelines:

Plumbing certification: _____

Mechanical certification: _____

Building Department Approval for Project

Date

Building Final Inspection

Date

