ELK TOWNSHIP, CHESTER COUNTY, PA APPLICATION FOR ZONING PERMIT (Required for all structures unregulated per PA Act 45)

Building Code Official Phone 610-637-1003 Building Code Official Fax 610-932-0707

Township Office Phone 610-255-0634 Township Office Fax 610-255-0492

Date		Does Ap	plicant own the property? \Box Yes \Box No
Applicant			
	(Please Print) Name	Address	Phone No.
Property Owner			
	(Please Print) Name	Address	Phone No.
Property Inform	ation		
Site Location			
	(Lot No.)	(House No.)	(Street or Road)
Parcel Type (cir	cle one below)		
Residen	tial Commercial Indu	strial Other (describe)	
Project Type (ci	rcle one below)		
New Pri Constru	•	Renovation	New Accessory Construction

NOTE: All applications require two (2) copies of the site plan showing property lines, building setback lines, existing buildings and driveways, and proposed buildings, additions and/or driveways. Locate the existing and proposed structures and driveways with dimensions to the property line. Please use a scale for the plans, such as 1'' = 10'. Deck applications must demonstrate a Section View indicating the elevation or height from finished grade of the structure. Accessory structure applications require a plan and elevation view indicating the square footage and height of structure.

I (WE) DECLARE UNDER THE PENALTIES OF PERJURY THAT THIS APPLICATION (INCLUDING ANY ACCOMPANYING PLANS AND SPECIFICATIONS) HAS BEEN EXAMINED BY ME (US) AND TO THE BEST OF MY (OUR) KNOWLEDGE AND BELIEF IS A TRUE, CORRECT AND COMPLETE APPLICATION. ALL CONSTRUCTION MUST CONFORM TO STANDARD ENGINEERING PRACTICES.

I (WE) AFFIRM THAT WE HAVE REVIEWED THE ELK TOWNSHIP ZONING ORDINANCE AND THAT THE PROPOSED STRUCTURE COMPLIES WITH ALL REQUIREMENTS OF THIS ORDINANCE.

ALL OWNERS MUST SIGN THIS APPLICATION AND AGREEMENT IN ADDITION TO ANY OTHER APPLICANT.

Signature of .	Applicant(s)	Signature of Property Owner(s)	
□ Approved	□ Approved w/conditions □ Disapproved	Tax Parcel #	Zoning District
Zoning Office	Date	Fee Paid \$	Permit #
Notes:			