



WEST POTTS GROVE TOWNSHIP

980 Grosstown Rd Stowe PA 19464

Phone No.: 610-323-7717 Fax No.: 610-323-4124

Email: info@westpottsgrove.org

Website: westpottsgrove.org



ACCESSORY STRUCTURE PERMIT APPLICATION

(Two paper copies & one electronic copy must be submitted w/Application**)**

PROPERTY INFORMATION:

Property Address: _____

Tax Parcel Number: 64-00-_____

Owner Name: _____ Phone: _____

Email: _____ Zoning District: _____

CONTRACTOR INFORMATION: *if owner is completing work please write "self" for contractor information).*

Name: _____ Phone: _____

Address: _____

Email Address: _____

HIC Number _____ Exp. Date _____ Certificate of insurance attached: _____

CALL WHEN PERMIT IS COMPLETE: ☐ Owner ☐ Contractor

PROJECT DESCRIPTION:

Est. Starting date: _____ Est. Completion date: _____ Total Cost of Project \$ _____

SKETCH OF STRUCTURE MUST BE PROVIDED

Must provide size of structure AND distance from property lines on the sketch

All application forms must be submitted to the Township Office prior to the start of any construction. The applicant in signing this form certifies that all information provided herein and in any other supporting documentation is accurate and he/she intends to comply with applicable ordinances. Township staff will review the application form and reserve the right to request more information if necessary. I certify the code enforcement officer, or the code enforcement officer's administrator's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit. Please sign below.

Applicants Signature: _____ Date: _____

OFFICIAL USE ONLY

Fees Paid: ☐ Check # _____ Amount: _____ Date: _____ Received by: _____

Code Enforcement Approval _____

PLEASE NOTE THAT CODE ENFORCEMENT HAS UP TO:

15 BUSINESS DAYS TO PROCESS RESIDENTIAL PERMIT APPLICATIONS

30 BUSINESS DAYS FOR COMMERCIAL PERMIT APPLICATIONS