

**◆ WEST SADBURY TOWNSHIP ◆**  
**6400 N. Moscow Rd.      Parkesburg, PA 19365**  
**Phone 610-857-5969      FAX 610-857-1415**

**ZONING PERMIT APPLICATION**

Date: \_\_\_\_\_ Tax Parcel No. \_\_\_\_\_

Property Owner: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Contractor: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Proposed Building: \_\_\_\_\_

Estimated Building Size: \_\_\_\_\_

Estimated Construction Cost: \_\_\_\_\_

Estimated Completion Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Property Owner or Authorized Agent

**Additional requirements that may be necessary to obtain a Zoning Permit:**

- \_\_\_ Sketch or blueprint of proposed construction with dimensions.
- \_\_\_ Site plan of property with location of all buildings and proposed buildings thereon.
- \_\_\_ Stormwater management plan (if required)
- \_\_\_ Contractor's insurance certificate.