

Issue Date \_\_\_\_\_  
Tax Parcel No. \_\_\_\_\_  
Permit Fee \_\_\_\_\_  
Expiration Date . \_\_\_\_\_

Zoning District \_\_\_\_\_  
Permit No. \_\_\_\_\_

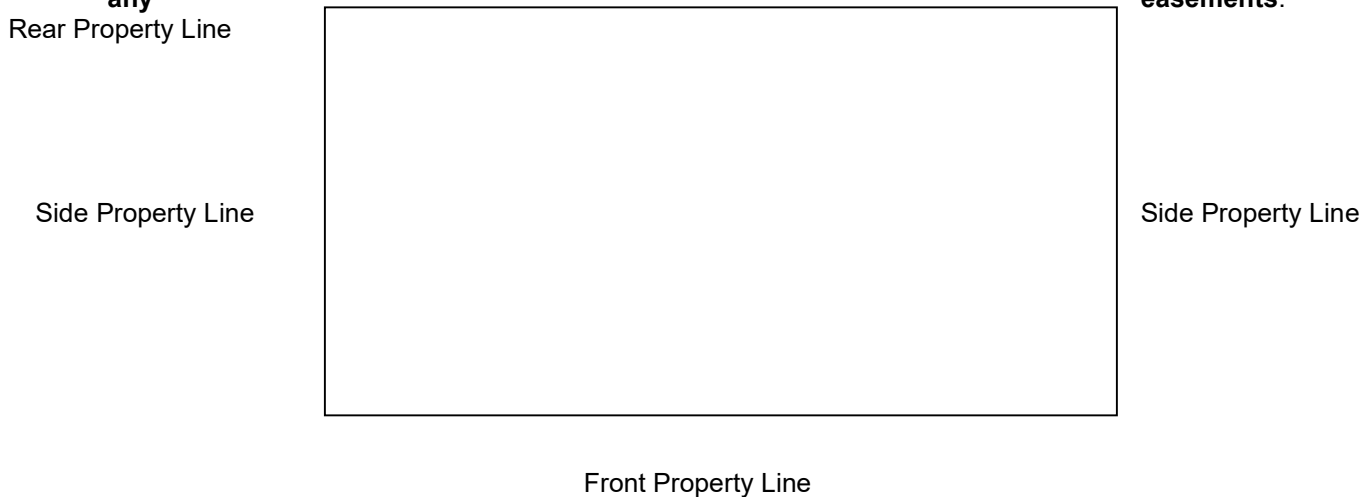
Date Stamp \_\_\_\_\_

ZONING PERMIT APPLICATION FACT SHEET  
**Residential Accessory Building / Storage Shed**  
(for all structures under 1000 sq.ft. only)

Municipality West Sadsbury Township  
Name \_\_\_\_\_  
Phone No. \_\_\_\_\_  
Address \_\_\_\_\_  
Subdivision \_\_\_\_\_ Lot No. \_\_\_\_\_  
Lot Size \_\_\_\_\_

Contractor \_\_\_\_\_  
Phone No. \_\_\_\_\_  
Address \_\_\_\_\_  
Cell No. \_\_\_\_\_  
Estimated Cost \_\_\_\_\_

I. Complete the diagram. Show all dimensions from property lines and easements for all existing structures – house, garage, and proposed building location. Use additional sheet if required. **Sheds cannot be placed in any easements.**



NOTE: If applicable, you must show location of on-lot septic system

II. Dimensions:

1. Building Size: Width \_\_\_\_\_ Length \_\_\_\_\_ Height \_\_\_\_\_  
Sq. Ft.: \_\_\_\_\_ ft. No. of stories: \_\_\_\_\_

III. Shed Type: Prefabricated  Built on-site  Pole-building

Will be placed: Concrete Block  Gravel Bed  Concrete Slab  6x6 ties w/stone  Concrete Foundation

IV. Electric: Yes  No

**FINAL INSPECTION REQUIRED – CALL TECHNICON ENTERPRISES, INC. II (610) 286-1622**

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Code Enforcement/Zoning Officer

\_\_\_\_\_  
Date

INSPECTION APPROVED  INSPECTION DISAPPROVED INSPECTION DATE \_\_\_\_\_