Issue Date Tax Parcel No Permit Fee Expiration Date			Zoning District Permit No.		Date Stamp	
N	NOTE: T		Unroofed D stricted to struc	MIT APPLICATION F Deck / Patio Co ctures less than t tructures require	nstruction 30" above fin	ished grade for the total Permit.
Municipality Name Phone No. Address		West Sadsbury Township		Contractor Phone No. Address		
Subdivision Lot Size		Lot No				
Complete the diagram. Show all dimensions from property lines for existing home and proposed deck or parconstruction. Use an additional sheet if required. Rear Property Line						and proposed deck or patio
II.		e Property Line NOT Information requi	.,	Front Property Line u must show location	of on-lot septic	Side Property Line
	 Size of Deck:					
III.	Patio:(1. S	Information requi	red for a permit)			
Applicant			-		Date	
Code Enforcement/Zoning Officer FINAL INSPECTION REQUIRED – CALL TEC			CHNICON ENTER	RPRISES INC.	Date ., II. (610) 286-1622	
		APPROVED DISAPPROVED	INSPECTION DA	TE/SIGNATURE	1	