

CODE ENFORCEMENT OFFICE

WHITPAIN TOWNSHIP
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Office Hour: Mon-Fri 1-2 p.m.
& By Appointment

APPLICATION FOR RESIDENTIAL ZONING PERMIT

APPLICANT	
Name:	_____
Address:	_____
Cty/St/Zip	_____
Phone:	_____
Fax:	_____
Email:	_____

PROPERTY OWNER	
Name:	_____
Address:	_____
Cty/State/Zip	_____
Phone:	_____
Fax:	_____
Email:	_____

Job Address: _____

Building (i.e. Shed, Detached Garage or Carport, Swimming Pool, Flag Pole, Gazebo, Cabana, etc.):

Length: _____ Width: _____ Height: _____

Distance From:

Rear Lot Line: _____ Side Lot Line: _____ House (Including Porch or Deck): _____

Structure (i.e. Attached Deck, Porch, Pergola, etc.):

Length: _____ Width: _____ Height: _____

Distance From:

Rear Lot Line: _____ Side Lot Line: _____ House (Including Porch or Deck): _____

Addition(s) To House:

Side Attached: _____ Extending How Far Off House: _____

Applicant

Property Owner or Agent For Owner

Printed Name of Applicant

Printed Name of Owner or Agent

<p>OWNER (OR AGENT FOR OWNER) MUST SIGN THIS APPLICATION TWO (2) COPIES OF SITE PLANS MUST ACCOMPANY THIS APPLICATION INCOMPLETE OR INCORRECT APPLICATIONS WILL BE RETURNED DO NOT BEGIN WORK UNTIL PERMIT IS ISSUED</p>

FOR OFFICE USE ONLY

Date Issued: _____

Permit #: _____

Fee Paid: _____

Approved By: _____