EAST COVENTRY TOWNSHIP, CHESTER COUNTY, PENNSYLVANIA
855 Ellis Woods Road, Pottstown, PA 19465 | Phone: 610-495-5443 | Fax: 610-495-9925
www.eastcoventry-pa.gov | Chester County property records: www.chesco.org, GIS Chesco Views

ZONING PERMIT APPLICATION

This must be submitted with **(3) copies** of the **application with original signatures** along with **(3) plot plans** of the property. Drawings shall be to scale and show locations of all buildings and structures with the distances to lot lines and other buildings, location of any streams, ponds, flood plains, slopes, septic, wells, etc. Please allow up to 15 business days for review. Fee due upon issuance.

(3 COPIES OF APPLICATION & ATTACHMENTS ARE REQUIRED WITH ORIGINAL SIGNATURES)

Pursuant to Sections 1602 (Zoning Permits) of Chapter 27 (Zoning) Part 16 (Administration) of the East Coventry Township Code of Ordinances of 2008 as amended, application is hereby made for a ZONING PERMIT for (check one):

- ☐ Construction (Building, Shed, Fence, Deck, Patio, Driveway, Sidewalk, etc.,)
- ☐ Change of Use of Building, Structure, or Land
- ☐ Building Demolition
- ☐ Activity in Floodplain District

Please provide a brief description of what you will be doing: _____

_____

_____

SECTION I: GENERAL

A. Applicant(s):

1. Name(s): _____

2. Address: _____

_____

3. Phone Number: _____ **4.** Email: _____

B. Interest of Applicant(s) in subject property described in Section II (check one):

1. _____ Owner(s) of record title; **3.** _____ Lessee(s);

2. _____ Owner(s) of equitable title; or **4.** _____ Other, Describe _____

_____

C. Owner(s) of record title of subject property described in Section II [if other than applicant(s)]:

1. Name(s): _____

2. Address: _____

_____

3. Phone Number: _____ **4.** Email: _____

SECTION II: SUBJECT PROPERTY

1. Location (Include reference to nearby intersections and/or prominent features): _____

_____

2. Corner Lot? ____ Yes; ____ No. If "Yes", indicate all streets abutting the subject property:

_____

_____

3. Chester County Tax Map Designation: Tax Map Parcel No. _____

4. Zoning District Classification: _____ **5.** Lot Area: _____ square feet (_____ acres).

6. Dimensions:

   a. Length of front lot line: _____ ft.; **c.** Lot width (at building setback line): _____ ft.;

   b. Length of side lot lines: _____ ft. & _____ ft.; **d.** Length of rear lot line: _____ ft.

7. * Impervious Surface/Cover Calculation

   a. Existing impervious surface/cover: _____ sq. ft. */Lot sq. ft.* = % of Lot: _____

   b. Proposed additional impervious surface/cover: _____sq. ft. */Lot sq. ft.* = % of Lot: _____

   c. Total impervious surface/cover on lot *(existing + proposed)*: _____sq. ft.

   d. Percent of Lot having impervious surface/cover: _____% *(c. Total sq. ft. / Lot sq. ft. = % of Lot)*

*IMPERVIOUS SURFACE/COVER – any surface or constructed material, which is impenetrable to the passage of water or other liquids under normal conditions and thus produces stormwater runoff from precipitation. All buildings, including roof overhangs, parking areas, driveways, roads, sidewalks, stone driveways or parking areas, and other such areas in concrete or asphalt, shall be considered as contributing to total impervious cover. For purposes of determining compliance with maximum impervious cover limitations on any lot or tract, impervious cover shall be measured as a percentage of net tract area.

8. ** Building Coverage Calculation

   a. Existing building coverage: _____ sq. ft. */ Lot sq. ft.* = % of Lot: _____

   b. Proposed additional building coverage: _____ sq. ft. */ Lot sq. ft.* = % of Lot: _____

   c. New building coverage *(existing + proposed)*: _____ sq. ft. */Lot sq. ft.* = % of Lot:_____

** BUILDING COVERAGE – the ratio of the total ground floor area of all buildings on a lot to the total area of the lot on which they are located or the percentage of lot area covered by buildings

9. **Cost of Improvement:** $_____

SECTION III: CHANGE IN USE OF SUBJECT PROPERTY AND/OR ANY BUILDING OR OTHER STRUCTURE THEREON. NOTE: Complete only if use of building, structure or land is being changed. If no change in use, proceed to page 5, SECTION IV: EXECUTION.

A. Describe the proposed use, or the change in use, of the subject property and/or any building or other structure thereon for which this application is made. Indicate the number of employees if the proposed use or the change in use is non-residential:

_____

_____

_____

B. Describe the existing or previous use of the subject property. Indicate the number of employees of the existing or previous use.

_____

_____

_____

C. List the date on which the building was last occupied by the previous or existing use.

_____

D. Is the building or space equipped with a fire-protection system? _____ Yes; _____ No. If yes, please describe in detail.

_____

_____

_____

E. Calculate the design occupant load for the building in accordance with Chapter 10, Section 1004 of the International Building Code.

Design occupant load: _____

F. Complete the following for each building and other structure on the subject property:

1. Size: _____ ft. x _____ ft. (_____ sq. ft.);

2. Height: _____ ft.; number of stories: _____;

3. Location on subject property in relation to lot lines: _____

4. Lot coverage: _____ sq ft.

G. Indicate the dimensions of all yards and open spaces on the subject property, including:

1. Front yard: _____ ft.; **2.** Side yards: _____ ft.; and _____ ft.; and

3. Rear yard: _____ ft.

H. Indicate the number and size of all off-street parking and off-street loading spaces and the location (include distance to lot lines) of all off-street parking and off-street loading areas on the subject property: _____

_____

_____

I. Indicate the number, type, and location (include distance to lot lines) of all signs on the subject property: _____

_____

_____

J. Is the use or the change in use served by public water? _____ Yes; _____ No. If "No", describe the type of water service: _____

_____

K. Is the use or the change in use served by public sewerage? _____ Yes; _____ *No.

* If "No", describe the type of sewage service: _____

_____

* If the use is served by an on-lot septic system and/or on-lot water well, provide documentation from the Chester County Health Department approving these on-lot systems for the use proposed.

L. Legal grounds believed to allow the use or the change in use:

1. Provisions of the Zoning Ordinance (indicate sections): _____

2. Variance, special exception, or other authorization granted by the Zoning Hearing Board (indicate the type of authorization granted and the date of the Zoning Hearing Board Decision granting the authorization): _____

_____

3. Other (describe): _____

_____

Attach a plan of the subject property indicating: the size, dimensions, and shape of the subject property; the size, dimensions, and location of all buildings, structures, yards, and open spaces on the subject property; and the size, dimensions, number, and location of all off-street parking spaces and areas, off-street loading spaces and areas, and signs on the subject property.

SECTION IV: EXECUTION

A. The undersigned hereby verify(ies) that the information contained in this application and on the plan and other attachments hereto is true and correct. I(We) understand that any false statements knowingly made herein may subject me(us) to such penalties as may be prescribed by law.

_____ _____

Print Name Signature of Applicant

_____ _____

Print Name Signature of Applicant

Date: _____

B. The following shall be executed by the owner(s) of record title of the subject property if he (she)(they) is(are) not the applicant(s):

The undersigned hereby acknowledge(s) and verify(ies) that he(she)(they) is(are) the owner(s) of record title of the subject property described herein, and that the applicant(s) named herein is(are) authorized to submit this application and are further authorized to act on behalf of the undersigned with respect to or otherwise in connection with this application.

_____ _____

Print Name Signature of Owner of Record Title

_____ _____

Print Name Signature of Owner of Record Title

Date: _____

AUTHORIZATION TO ACCESS PROPERTY

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent. I hereby attest to the information on this application to be accurate and true to the best of my ability. I agree to conform to all applicable laws of East Coventry Township and certify that the code official or the code official's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provision of the code(s) applicable of such permit.

_____ _____

Signature **Date**

_____

Print Name