

# ZONING PERMIT



**Code Enforcement/Building/Zoning**  
 401 S. Main Street, Hatfield, PA 19440  
 O: (215) 855-0781x108 F: (215) 855-2075  
 Code@HatfieldBorough.com  
 www.HatfieldBorough.com

## ZONING PERMIT APPLICATION

Applicant shall submit two (2) legible copies of all drawings/plans and construction documents. Commercial plans shall be signed/sealed by a design professional. Residential plans may have to be signed and sealed, depending on the complexity of the project.	Permit # _____
	Date ____ / ____ / ____
	Fee \$ _____

### PROPERTY INFORMATION

Number	Street
--------	--------

### OWNER INFORMATION

First Name	Last Name	Daytime Phone
Email Address		Cell Phone
Number	Street	City/Zip

### CONTRACTOR INFORMATION

<input type="checkbox"/> Check if work is being completed by the Property Owner				
License #	Name	Address	Phone/Email	Contract Value

### PROPOSED ZONING CHANGE

<input type="checkbox"/> New Building	Length: _____	Width: _____	Height: _____	
<input type="checkbox"/> Addition	Length: _____	Width: _____	Height: _____	
<input type="checkbox"/> Shed	Length: _____	Width: _____	Height: _____	
<input type="checkbox"/> Fence	Length: _____	Height: _____	<input type="checkbox"/> Existing Pool on Property	
<input type="checkbox"/> Pool	Length: _____	Width: _____	<input type="checkbox"/> Above Ground	<input type="checkbox"/> In Ground
<input type="checkbox"/> Patio	Length: _____	Width: _____	Material: _____	
<input type="checkbox"/> Other	_____			

### APPLICATION SUBMISSION DOES NOT GRANT APPROVAL TO START WORK

I agree to comply with all applicable codes, statutes and ordinances and with the conditions of this permit; I understand that the issuance of the permit creates no legal liability, express or implied, on Hatfield Borough; and certify that all the above information is accurate. Permit expires if work is not started in six (6) months, not completed in twelve (12) months, or if work is discontinued for six (6) months in the judgement of the Borough. The Building Inspector, or the Inspector's authorized agent, is authorized to enter the premises for which this permit is sought at all reasonable hours and for any proper purpose to inspect the proposed work. Failure to comply with the above will result in a STOP WORK ORDER.

Owner/Authorized Name	Owner/Authorized Signature	Date
-----------------------	----------------------------	------

# ZONING PERMIT

## SITE PLAN

A site plan must be provided for all applications. If you already have a site or plot plan, you may submit that plan instead of using the site plan below as long as all required information is included. Please be sure to include the following information on the plan.

Property dimensions

All existing buildings, decks/patios, sheds, pools, fences and driveways with dimensions

All proposed construction with dimensions

Distances from all property lines to proposed construction

Distances between existing buildings and proposed construction



Site Plan or Plot Plan used in place of this page

Additional pages included with Application

### FOR HATFIELD BOROUGH USE ONLY

Zoning Permit Fee	\$	PA State Act 13 Fee	\$4.50
		<b>TOTAL OF ALL FEES</b>	\$

\_\_\_\_\_  
Zoning Officer

\_\_\_\_\_  
Date