

SHED PERMIT APPLICATIONS

Sheds under 200 square feet require only the zoning permit application be completed.

For sheds 200 square feet and larger please complete the zoning & UCC permit applications.

If you have any questions, please contact the Red Hill Borough office at 215-679-2040 or info@redhillborough.org



Code Services

**** OFFICE USE ONLY ****

Date Received: _____
 Zoning District: _____
 Tax Parcel No.: _____
 Zoning Permit No.: _____

APPLICATION FOR ZONING PERMIT

Application is hereby made for a permit in conformity with requirements of the Pennsylvania Municipalities Planning Code, Current Local Zoning Ordinance and any amendments thereto for the following described work:

I. PROPERTY INFORMATION

Residential Non-Residential

Municipality: _____ Development: _____ Lot: _____ Section: _____
 Proposed Work Site Address: _____ Tax Parcel ID: _____
 (Acres or Sq.ft.)
 Lot Width: _____ Lot Depth: _____ Lot Size: _____
 Property within Floodplain Yes No If Yes, Market Value of Property: _____
 Do you have an elevation certificate Yes No If Yes, please attach a copy with submission
 Property located in Historic District Yes No If Yes, also complete the Application for COA

II. CONTACT INFORMATION

Applicant: _____ email: _____
 Mailing Address: _____ City: _____ State: _____ Zip: _____
 Phone: _____ Phone: _____ Fax: _____
(If different than Applicant)
Property Owner: _____ email: _____
 Mailing Address: _____ City: _____ State: _____ Zip: _____
 Phone: _____ Phone: _____ Fax: _____
Contractor: _____ email: _____
 Mailing Address: _____ City: _____ State: _____ Zip: _____
 Phone: _____ Phone: _____ Fax: _____

III. CONSTRUCTION

Erect a Structure Principal Accessory **Size (length, width and height) i.e. 20' L, 15' W, 12' H:** _____
 Add to a Structure Principal Accessory **Size (length, width and height) i.e. 20' L, 15' W, 12' H:** _____
 Change of Use Existing: _____ Proposed: _____
 Erect a Fence Height: _____ (feet) **Install a Swimming Pool** In-ground Above-ground
 Erect a Sign (Provide sign proof along with plot plan) **Sign Copy Change (Provide sign proof)**
Type: Wall Mounted Ground Roof Other (Please Specify): _____
Height (distance from top of sign to ground): _____ (feet) **Size (length and height of sign face) i.e. 6' L x 18" H:** _____
 Off-street Parking Area or Parking Lot **Establish a Home Occupation**
 Other (Please Specify): _____

IV. PROJECT DESCRIPTION Provide a narrative which explains the proposed project based upon the items checked in the previous section (III)

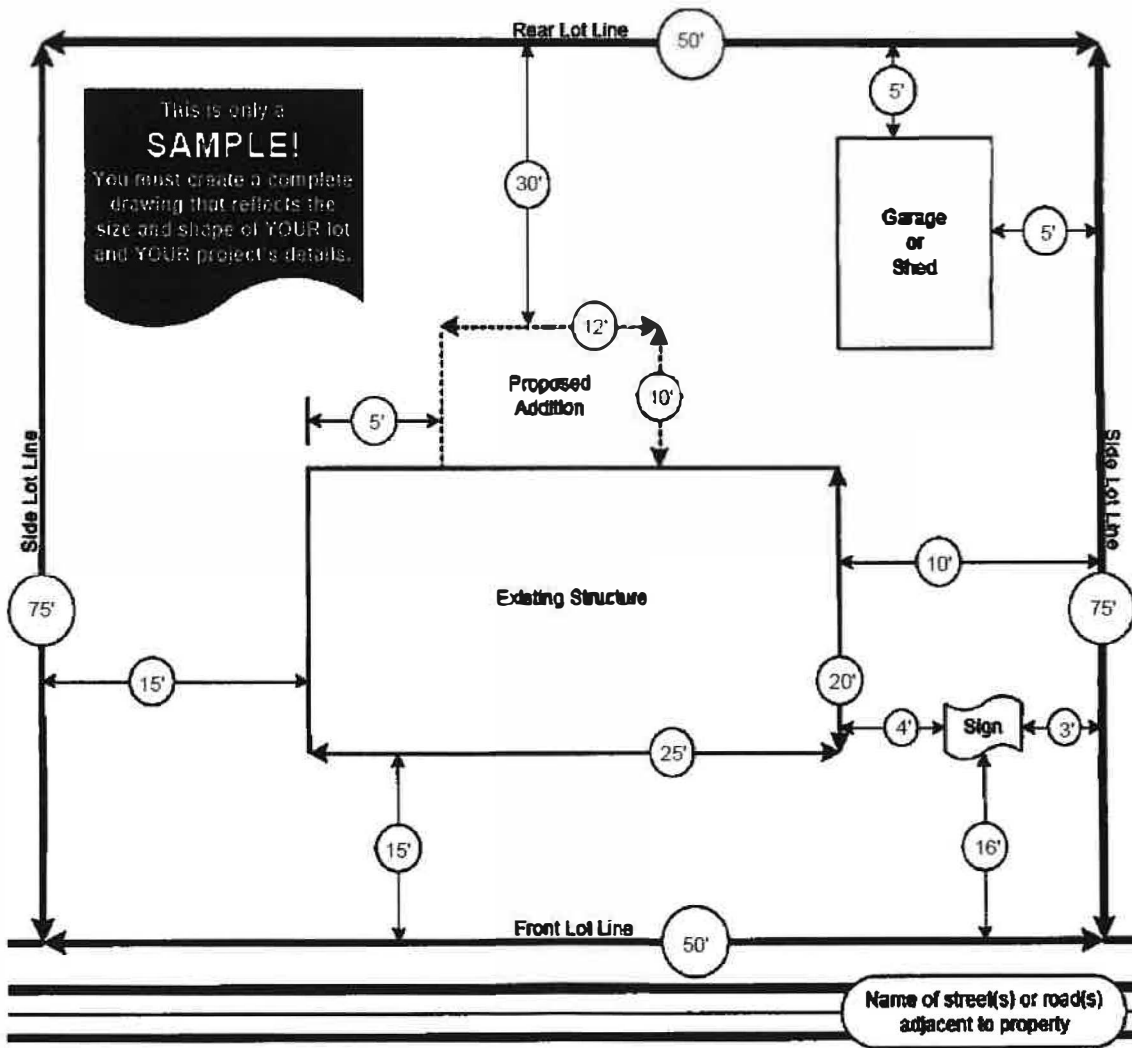
Cost of Construction: _____ **Street Access:** Municipal State Other

Sewage Disposal: Public Sewer On-Lot **Water Supply:** Public Sewer On-Lot

V. PLOT PLAN

PLEASE INCLUDE THE FOLLOWING:

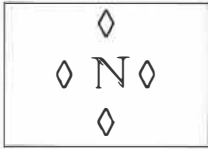
1. Indicate the length of all property lines
2. Show all existing and proposed structures on property and the distance from the structure to the property lines
3. Indicate name of streets abutting property
4. Identify all bodies of water and show distance to proposed structure(s)
5. Show septic, well, driveway locations and distance from new structure to septic
6. Label distances from principal structure to proposed accessory structure(s)
7. Physically mark property lines & proposed location of structure onsite prior to submitting zoning application



IMPERVIOUS COVERAGE

Proposed: _____ (Sq.ft.) Existing: _____ (Sq.ft.)

Address: _____



PLOT PLAN

** A survey or other prepared plot plan can be attached, in lieu of this sketch sheet.*

Approved by: _____ Date: _____ Permit No.: _____

I hereby authorize the Municipality Staff to perform inspections related to this application as may be required between the hours of 8 AM and 8 PM. The applicant understands and agrees to comply with the Pennsylvania Municipal Planning Code and Zoning Ordinance, as amended. All information supporting this application shall become part of the records of the Municipality, cannot be returned and may be examined by the public at any time during the normal working hours of the Municipal Office.

Application is hereby made for a permit to erect or alter a structure which shall be located as shown on the attached diagram/plot plan and/or to use the premises for the purposes herewith. The information which precedes, together with the plot plan/diagram, is made part of this application by the undersigned. It is understood and agreed by the applicant that any error, misstatement or misrepresentation of material, fact, either with or without intention on the part of this applicant, such as might or would operate to cause a refusal of this application or any change in the location, size or use of structure or land made subsequent to the issuance of this permit without approval of the Zoning Officer, shall constitute sufficient ground for the revocation of this permit.

Applicant Signature: _____

Date: _____

Owner Signature: _____

Date: _____

BOTH SIGNATURES ARE REQUIRED IF APPLICANT IS DIFFERENT THAN OWNER

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Meeting Dates (if applicable)

Historic: _____

Approved: Yes No

ZHB: _____

Approved: Yes No

Planning: _____

Approved: Yes No

Other: _____

Approved: Yes No

PA UCC Construction Permit Required: Yes No

Action Taken: Approved Denied

Zoning Fee: _____

Application Fee Paid: _____

Balance Due: _____

Date Paid: _____

Zoning Officer Signature: _____

Date: _____

If the permit is denied, the zoning officer shall note the applicable sections/basis of denial below:

A copy of the zoning officer's official letter of denial shall be attached to this application.



Code Services

**** OFFICE USE ONLY ****

Date Received: _____

Permit No.: _____

Project No.: _____

Total Permit Fee: _____

APPLICATION FOR PA UCC CONSTRUCTION PERMIT

I. PROPERTY INFORMATION

Municipality: _____ Development: _____ Lot: _____ Section: _____

Proposed Work Site Address: _____ Tax Parcel ID: _____

Property within Floodplain: _____ *(market value can be taken from tax records or certified appraiser)*
 If yes, what is the market value of the property: _____

II. CONTACT INFORMATION

Applicant Name: _____ email: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Phone: _____ Fax: _____

Property Owner: _____ email: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Phone: _____ Fax: _____

Contractor: _____ PA License: _____ Insurance: _____

Person in Charge of Work: _____ email: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Phone: _____ Fax: _____

Design Professional in Responsible Charge: _____ PA License: _____

Person in Charge of Work: _____ email: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Phone: _____ Fax: _____

III. APPLICATION TYPE

Residential Non-Residential

One-Family Change of Use Y N

Two-Family Existing Use: _____

Manufactured Proposed Use: _____

IV. PROPOSED CONSTRUCTION

<input type="checkbox"/> New Building	<input type="checkbox"/> Swimming Pool	<input type="checkbox"/> Fire Suppression
<input type="checkbox"/> Addition	<input type="checkbox"/> Mechanical	<input type="checkbox"/> Other
<input type="checkbox"/> Alteration	<input type="checkbox"/> Plumbing	<input type="checkbox"/> Electric Service
<input type="checkbox"/> Deck	<input type="checkbox"/> Electrical	(Complete Sec. VII)

V. CONSTRUCTION DATA

No. Stories Above Grade: _____ Basement Y N

Construction Sq. Ft: _____ *(Copy of Signed Contract Required)*

(Including other permit costs)
 Total Cost of Construction: \$ _____

VI. OTHER PERMITS

Mechanical \$ _____ No. of Appliances: _____

Electrical \$ _____ No. of Devices: _____

Plumbing \$ _____ No. of Fixtures: _____

VII. ELECTRIC SERVICE

<input type="checkbox"/> Residential		<input type="checkbox"/> Non-Residential		<input type="checkbox"/> New Service		<input type="checkbox"/> Upgrade Existing		<input type="checkbox"/> Other:	
<input type="checkbox"/> PPL		<input type="checkbox"/> UGI		<input type="checkbox"/> PECO		<input type="checkbox"/> MET ED		<input type="checkbox"/> Other:	
Meter No.:				Phase:		Voltage:		Amps:	
								<input type="checkbox"/> Overhead	
								<input type="checkbox"/> Underground	

VIII. DESCRIPTION OF WORK

IX. APPLICANT'S CERTIFICATION

As the owner or the authorized agent of the project for which this application is filed, I certify that:

1. The inspector is hereby granted access to observe the work in this application upon coordination with the owner or his agents.
2. The estimated construction cost and all other information provided as part of this application for a building permit is correct.
3. The building or structure described in this application will not be occupied until all known code violations are corrected and a Certificate of Occupancy has been received from Building Code Official.
4. This project will be constructed in accordance with the approved drawings and specifications (including any required non-design changes) and the Uniform Construction Code standards as specified in 34 PA Code Chapters 401-405.
5. Any changes to the approved documents will be filed with the Building Code Official.
6. If the licensed architect or engineer in responsible charge of this construction should change, written notice of the change will be provided to the Building Code Official.
7. When required, up to 20% of the total cost of any work performed on an area of primary function in an existing building will be expended to provide an accessible route to the area of primary function or other approved accessibility improvements.
8. No error or omission in either the drawings and specifications or application, whether approved or not, shall permit or relieve me from constructing the work in any manner other than provided for in 34 PA Code Chapters 401-405.

Applicant Signature: _____ **Date:** _____

(3) SETS OF DETAILED CONSTRUCTION PLANS MUST BE SUBMITTED WITH ALL APPLICATIONS.
ALL COMMERCIAL CONSTRUCTION PLANS MUST BE PREPARED, SIGNED & SEALED BY A LICENSED DESIGN PROFESSIONAL
FAILURE TO FILL OUT THE PERMIT APPLICATION COMPLETELY MAY RESULT IN DELAYS OR REJECTION OF APPLICATION

**** OFFICE USE ONLY ****

PERMIT FEES	PROJECT DATA
Plan Review:	Use Group: _____ Code Edition: _____
Permit & Inspection:	Construction Type: _____ Fire Sprinkler: <input type="checkbox"/> Y <input type="checkbox"/> N
Municipality Admin:	APPROVED PERMITS
State:	Zoning Permit No.: _____ NPDES Permit No.: _____
Total Permit Fee:	Sewage Permit No.: _____ Water/Well Permit No.: _____

Permit No.:	Approval Date:
Approved by: _____	