

WORCESTER TOWNSHIP P.O. BOX 767 WORCESTER, PA 19490-0767	PERMIT APPLICATION ACCESSORY STRUCTURES	
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OFFICE USE ONLY			
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PARCEL NO:	6700-	UNIT NO:	
BLOCK NO:		ZONING DIST:	

DATE RECEIVED

IMPORTANT- Applicant must complete all sections			
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I.	LOCATION	AT LOCATION _____ NO: _____ STREET: _____	
		BETWEEN _____ CROSS STREET	AND _____ CROSS STREET
		SUBDIVISION _____ LOT _____ LOT SIZE _____	

2. IDENTIFICATION - (PRINT) Information for all parties required (if applicable)		
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OWNER OR LESSEE	MAILING ADDRESS-NUMBER, STREET, CITY AND STATE	TELEPHONE
APPLICANT:	MAILING ADDRESS-NUMBER, STREET, CITY AND STATE	TELEPHONE
CONSTRUCTION COMPANY:	MAILING ADDRESS-NUMBER, STREET, CITY AND STATE	CONTRACTORS LIC #
CONTACT NAME:	MAILING ADDRESS-NUMBER, STREET, CITY AND STATE	TELEPHONE
ARCHITECT OR ENGINEER:	MAILING ADDRESS-NUMBER, STREET, CITY AND STATE	CONTRACTORS LIC #
CONTACT NAME:	MAILING ADDRESS-NUMBER, STREET, CITY AND STATE	TELEPHONE

3. SPECIFICS	COST:	STRUCTURE LENGTH	STRUCTURE WIDTH	STRUCTURE HEIGHT	START DATE	DAYS TO COMPLETE
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4. LOCATION OF STRUCTURE Check all applicable	5. TYPE OF STRUCTURE Select the closest type
<input type="checkbox"/> Front yard <input type="checkbox"/> Side yard <input type="checkbox"/> Rear yard	<input type="checkbox"/> Shed/Barn <input type="checkbox"/> Detached Garage <input type="checkbox"/> Horse/Livestock stable <input type="checkbox"/> Dog/animal pen <input type="checkbox"/> Basketball/Tennis Court <input type="checkbox"/> Other _____

6. PURPOSE FOR THE STRUCTURE	
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EXPLAIN

7. WAIVER OF DAMAGES- Must be completed by the property owner.	
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I, (we) the owner of record, will not locate this structure in any right-of-ways or easements, and hereby hold the Township of Worcester and their agents harmless for any and all damages that may occur to this structure if improperly placed, to include damages incurred during relocation, or the legal access to right-of -ways and or any and all easements. Furthermore the structure will be located on our property, and will conform with all applicable conditions of the Ordinance of the Township of Worcester.

SIGNATURE OF THE OWNER OF RECORD	DATE
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8. VERIFICATION OF APPLICATION- Must be completed.	
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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 Worcester 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 to such permit.

SIGNATURE OF APPLICANT	ADDRESS	APPLICATION DATE
PRINT NAME OF APPLICANT		
RESPONSIBLE PERSON IN CHARGE OF WORK		PHONE NUMBER

PERMIT NO:

NO:

STREET:

PLOT PLAN SEE BACK PAGE