

209 Conestoga Road Frazer, Pennsylvania 19355-1699 Telephone: 610-648-0600 www.eastwhiteland.org

Zoning Permit Application

Date:	
Project Address/Parcel Number :	
Property Owner: _	
	City, State, Zip:
	Email Address:
Signature:	
Applicant (if differ	ent than Owner):
Address:	City, State, Zip:
Phone Number:	Email Address:
Signature:	
*A sketch or attachment showing the property, location and details of the proposed project must accompany this application. The Applicant signed above hereby applies for a permit to:	
☐ New Bui	lding/Addition Length: Width: Height:
☐ Shed	Length: Width: Height:
☐ Fence ☐ Pool	Wood/Vinyl/Chain Link: Length: Width: Height: Above ground/In ground:
Deck	Sq. Feet: Height above ground:
☐ Other	
Township Office Use Only	
☐ Approve	d Restrictions:
Denied	
Date:	_Zoning Officer Signature:
Payment received	/Payment method: