

PERMIT APPLICATION SHED/ACCESSORY STRUCTURE

*** All fields must be completed**

DATE OF APPLICATION: _____

Your application will not be reviewed until all of the required information has been provided to Schuylkill Township. In accordance to the Pennsylvania State Uniform Construction Code, the Building Code Official shall approve or deny the application in whole or in part within 15 days for residential projects and 30 days for commercial projects. You must submit fees at the time of applying for permit.

TOWNSHIP USE ONLY
Date Received Stamp

PERMIT NO.: _____
PERMIT FEE: \$ _____
PA UCC FEE: \$ _____
TOTAL FEES: \$ _____

APPLICANT INFORMATION *please print clearly*

Applicant Name: _____ Phone No.: _____

Applicant Address: _____

Fax No.: _____
E-mail: _____

PROPERTY INFORMATION

Zoning District: _____ Street Address: _____

Tax Parcel ID #: _____ Subdivision: _____

Owner Name: _____ Phone No.: _____

Mailing Address: _____

Fax No.: _____
E-mail: _____

Contractor PAHIC

Contractor Name: _____ Phone No.: _____

Contractor Address: _____

Fax No.: _____
E-mail: _____

PROJECT INFORMATION *(check all that apply)*

Project Type: **SHED/ACCESSORY STRUCTURE** Total Cost of Project \$ _____

Is property a corner lot? YES NO

Building is a (check one): Shed Garage Pre-Fabricated Site Built

Dimension of Structure: Total Sq. Ft. _____ Height _____ Width _____ Length _____

MATERIALS USED IN STRUCTURE *(Please check the materials used for each portion of the structure)*

Foundation

Concrete
 Block
 Wood
 Stone Bed

Walls

Wood Frame
 Block

Roof

Wood
 Shingle

Floor

Wood
 Concrete

Project Description: _____

I hereby certify 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 the authorized agent and we agree to conform to all applicable laws of this jurisdiction. Construction shall comply with all Schuylkill Township Codes and the most current UCC Building Code. Application has been examined by me and to my knowledge and belief is a true, correct, and complete application.

Applicant's Signature

Date

Responsible person in charge of work: _____

Cell Phone: _____ Ofc. Phone: _____ E-Mail: _____

PERMIT REQUIREMENTS

- ALL PLANS MUST BE TO SCALE

- Provide a scale drawing of the entire lot showing all existing structures and the setbacks, the proposed structure and its setbacks, and construction drawings of the structure.
- Floors shall be constructed of approved non-combustible material.
- Structures greater than 150 square feet or 1500 cubic feet, and less than 18 feet in height shall conform to the front, side, and rear yard requirements of the principal structure of the zoning district in which they are located.
- All sheds/accessory structures must be staked out within 5 days of the application date for a preliminary inspection. This must be in the proposed location for inspection by the Code Enforcement Department.
- The manufacturer's type and style brochure or pamphlet shall be provided.

TOWNSHIP USE ONLY

APPROVED: Yes No

DATE:

IF NO, GIVE REASON: _____