



SKIPACK TOWNSHIP

4089 Heckler Road | P.O. Box 164

Skipack, PA 19474

Phone: 610-454-0909 | Fax: 610-454-1885

www.skipacktownship.org

BUILDING, ZONING & GRADING PERMIT APPLICATION

TOWNSHIP USE ONLY	
Permit # _____	
Approve/Deny By _____	
Received Stamp	

LOCATION OF PROPOSED WORK OR IMPROVEMENT

Address: _____

Subdivision/Development Name & Lot# (If Known): _____

Tax Map ID # (If Known): _____

RESPONSIBLE PARTIES

Is this Application being made by the Property Owner? ☐ Yes ☐ No → If Not, Then by Whom? ☐ Tenant ☐ Contractor ☐ Other

APPLICANT: _____ Phone #: (____) _____

Address: _____ Alternate Phone #: (____) _____

_____ Email Address: _____

PROPERTY OWNER: _____ Phone #: (____) _____

☐ Same as Applicant

Address: _____ Alternate Phone #: (____) _____

_____ Fax #: (____) _____

Point of Contact: _____ Email Address: _____

CONTRACTOR: _____ Phone #: (____) _____

☐ Not Applicable

☐ Property Owner

Address: _____ Alternate Phone #: (____) _____

_____ Fax #: (____) _____

Point of Contact: _____ Email Address: _____

ARCHITECT/ENGINEER: _____ Phone #: (____) _____

☐ Not Applicable

Address: _____ Alternate Phone #: (____) _____

_____ Fax #: (____) _____

Individual Responsible for Project: _____ Email Address: _____

PLEASE CHOOSE PERMIT TYPE (One or Multiple):

A. BUILDING PERMIT will be for: ☐ Not Applicable

- | | |
|--|---|
| <input type="checkbox"/> New Structure/Building | <input type="checkbox"/> Foundation only |
| <input type="checkbox"/> Addition to Building/Structure | <input type="checkbox"/> Temporary Structure |
| <input type="checkbox"/> Accessory Structure +500 sf | <input type="checkbox"/> Deck |
| <input type="checkbox"/> Exterior Alterations | <input type="checkbox"/> Interior Alterations |
| <input type="checkbox"/> Alarm or Fire Suppression System | |
| <input type="checkbox"/> Electrical, Plumbing and/or HVAC improvements | |
| <input type="checkbox"/> Demolition | |
| <input type="checkbox"/> Emergency Repair | <input type="checkbox"/> Other _____ |

C. GRADING PERMIT ☐ Not Applicable

B. ZONING PERMIT will be for: ☐ Not Applicable

- | | |
|---|--|
| <input type="checkbox"/> New Use | <input type="checkbox"/> Change of Use |
| <input type="checkbox"/> Shed/Accessory Structure less than 500 sf | |
| <input type="checkbox"/> Accessory Structure +500 sf | |
| <input type="checkbox"/> Deck | |
| <input type="checkbox"/> Exterior Alterations, i.e. patios, retaining walls, etc. | |
| <input type="checkbox"/> Razing/Demolition | <input type="checkbox"/> Temporary Structure |
| <input type="checkbox"/> Other _____ | |

DESCRIPTION OF PROPOSED WORK/PURPOSE OF APPLICATION: _____

(COMPLETE THIS PAGE AS APPLICABLE)

D. NEW STRUCTURES/USES:

1. New Accessory Structure/Shed ☐ Not Applicable

Are there any other accessory structures/sheds on the property? ☐ No ☐ Yes If yes, how many? _____ Total Area _____

New Structure Length (Ft) _____ X Width (Ft) _____ = **TOTAL AREA OF THE NEW STRUCTURE** _____ (Sq. Ft.)

Height: Structure Height _____ (Ft) Number of Stories _____

2. Principal Structures – New/Alterations ☐ Not Applicable

☐ New Structure/Building ☐ Addition to Building/Structure ☐ Alterations

AREA OF NEW or RENOVATED FLOOR SPACE _____ (Sq. Ft.) **TOTAL AREA OF ALL FLOOR SPACE** _____ (Sq. Ft.)

1st Floor Space _____ (Sq. Ft.) 2nd Floor Space _____ (Sq. Ft.)

Garage Floor Space _____ (Sq. Ft.) Other Floor Space _____ (Sq. Ft.)

Height: _____ Structure Height _____ (Ft) Number of Stories _____

Residential Buildings Only: No of Bedrooms _____ No of Bathrooms _____ No of Garage Doors _____

3. Structure Utilities ☐ Not Applicable

Heat Source: ☐ Oil ☐ Gas ☐ Electricity ☐ Geothermal ☐ Solar ☐ Other ☐ None

Source of Water Supply: ☐ Public ☐ On-Lot Well ☐ Other ☐ None

Sewage Disposal: ☐ On-Lot ☐ Public ☐ Private System ☐ None

E. LOT DIMENSIONS, PROPOSED SETBACKS and IMPERVIOUS COVER:

Impervious Cover:

New Impervious Coverage _____ sf ☐ N/A

Existing Building/Impervious Coverage _____ sf

Total Impervious Coverage _____ sf

Setback - Property Line to Use

Front Yard (Ft) _____

Rear Yard (Ft) _____

Left Side Yard (Ft) _____

Right Side Yard (Ft) _____

Lot Dimensions

Width (Ft) _____

Length (Ft) _____

Total Lot Area _____ (SqFt)

or Acre(s) _____

F. ELECTRIC, PLUMBING, HVAC IMPROVEMENTS

☐ Not Applicable

☐ New/Upgrade Electrical Svc ☐ Electrical Improvements/Modifications ☐ New Plumbing Fixtures ☐ Additional HVAC Units

New Service Size _____ Utility Co. Job # _____

Non Residential ☐ Not Applicable

No. of New Outlets _____ No. of Services & Feeders _____ Amps per service and feeders _____

No. of heating & A/C. units, motors, transformers, and generators _____ hp or kw of kva per unit _____

No. of transformers, vaults, substations, etc. _____ (x3) Multiplier for voltages over 480 volts

G. GRADING TYPE

☐ Not Applicable

☐ New Home

☐ Inground Pool

☐ New Land Development

Total Acres to be Graded _____ Average Slope _____ %

H. FLOODPLAIN

☐ Not Applicable

Is the site location within an identified flood hazard area? ☐ No ☐ Yes (If yes, the Floodplain Development Application must also be complete)

☐ Yes (If yes, the Floodplain Development Application must also be complete)

I. ESTIMATED COST OF CONSTRUCTION \$ _____ (To the Nearest Dollar)

By signing below, the Applicant and Owner certify and acknowledge the following:

1. The information provided on this application is true and correct to the best of their knowledge or belief. The application, together with plans and attachments, are made part of this application by the undersigned.
2. He/She understands all the applicable codes, ordinances, and regulations.
3. He/She assumes responsibility of locating all property lines, setback lines, easements, rights-of-way, flood areas, etc.
4. He/She is responsible for the replacement of any Township Road to Township standards, which are damaged during the building of the permitted structure or improvement.
5. The work will be completed in accordance with the "approved" construction documents, pursuant to PA Act 45 (Uniform Construction Code) and any additional building code requirements adopted by Skippack Township.
6. All required fees of the permit shall be submitted upon application, or the permit will be deemed invalid and the application denied (Section 403.43(m) and 403.63(k) of PA Act 45).
7. Pursuant to PA Act 45, Chapter 5, Section 502 (a), a Building Permit will be issued upon receipt of all other required permits or approvals related to the construction.
8. Issuance of a permit and approval of construction documents shall not be construed as authority to violate, cancel or set aside any provisions of the codes or ordinances of Skippack Township or any other governing body.
9. Authorization is granted to any municipal representative of Skippack Township to access the above property as stated within this application at any reasonable hour; to inspect and verify that any proposed use and/or structure contained within this application and/or that exists on the above property complies with all Skippack Township ordinances.
10. Skippack Township and their assigns are the sole producer of construction inspection services for Skippack Township.

Until all pertinent fields that apply to your permit request are filled out, the permit will not be considered complete.

SIGNATURE OF APPLICANT(S) _____ DATE _____

SIGNATURE OF PROPERTY OWNER(S) _____ DATE _____

Payment must be submitted in CASH or CHECK, payable to: *Skippack Township*.

DO NOT WRITE BELOW

OFFICE USE ONLY

DATE APPLICATION RECEIVED _____

PERMIT FEES			ESCROWS			
Building Permit Fee or Deposit	\$ _____	<input type="checkbox"/> Cash <input type="checkbox"/> Check _____ Receipt # _____	Grading	\$ _____		
Twp Admin & Education Fee	\$ _____		Septic	\$ _____		
Amount Paid <input type="checkbox"/> Deposit Paid	\$ _____		TOTAL FEES	\$ _____		
BALANCE DUE	\$ _____	<input type="checkbox"/> Cash <input type="checkbox"/> Check _____ Receipt # _____	Paid By:	<input type="checkbox"/> Cash	<input type="checkbox"/> Check _____	Receipt # _____
TOTAL BUILDING PERMIT FEE	\$ _____		IMPACT FEES			
Septic Admin Fee	\$ _____		OPEN SPACE FEE	\$ _____		
Grading Permit Fee	\$ _____	<input type="checkbox"/> Cash <input type="checkbox"/> Check _____ Receipt # _____	Paid By:	<input type="checkbox"/> Cash	<input type="checkbox"/> Check _____	Receipt # _____
Driveway Opening Fee	\$ _____		TRAFFIC IMPACT	\$ _____		
Zoning Permit Fee	\$ _____		Paid By:	<input type="checkbox"/> Cash	<input type="checkbox"/> Check _____	Receipt # _____
TOTAL ZONING PERMIT FEES DUE	\$ _____					

SITE OR PLOT PLAN *(For Applicant Use)*
☐ Check here if separate document(s) attached



Please use this space to sketch your proposed improvement. You may attach separate drawing(s) as necessary.

At a minimum, sketches must include:

1. Draw and label the proposed improvement, existing structure(s), septic system, etc. as they are located on the property;
2. Dimensions from the property line to the proposed improvement;
3. Dimensions of the proposed improvement, i.e. 10' x 12' shed;
4. Any known easements that exist on the property.