



# Hereford Township

Berks County, Pennsylvania

3131 Seisholtzville Road

Macungie PA18062

Main: (610)-845-2929 – Fax: (610)-845-0616

Website: [www.herefordtownship.org](http://www.herefordtownship.org)

### Official Use Only

Date Received: \_\_\_\_\_ Received by: \_\_\_\_\_  
 Payment Type: \_\_\_\_\_ Amount Received: \_\_\_\_\_ Date Received: \_\_\_\_\_  
 Tax Parcel No.: \_\_\_\_\_ Zoning District: \_\_\_\_\_  
 Zoning Permit No.: \_\_\_\_\_ Permit Fee: \$50.00

A NON-REFUNDABLE fee as per the fee schedule will be applied to this permit. A deposit against total permit fee is required at the time of application to partially cover the administrative expenses involved in application processing. This deposit is NON-REFUNDABLE. However, the deposit will be applied against the total permit fee at the time the balance of the permit is made by the applicant. Permits are not considered issued until all fees are paid. All pending permits will expire and new applications will be required if the permit is not paid for and issued within 180 days from the date approved and signed by the zoning enforcement officer.

**\*\*Notice to Applicants:** Information on this form is public information and may be accessed by third parties in accordance with and subject to the requirements of the "Open Records Law"

Is there a legal reason your information should not be shared with a third party agency or available for public inspection:  Yes  No — If yes, please explain: \_\_\_\_\_

## Fence Construction

(4 ft. in front yard, 6 ft. side & rear yards)

Date: _____	Contractor: _____
Name: _____	Official Registration # of Contractor: _____
Phone No.: _____	Phone No.: _____
Address: _____	Cell No.: _____
Subdivision: _____ Lot No.: _____	Address: _____
Email Address: _____	Estimated Cost: _____

**Please complete workers' compensation insurance form**

**NOTE:** To verify a contractor's registration number, visit the Pennsylvania Office of Attorney General's website at [www.attorneygeneral.gov](http://www.attorneygeneral.gov) or call toll free 1-888-520-6680

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Owner's Signature** (if other than applicant): \_\_\_\_\_ **Date:** \_\_\_\_\_

I. Complete a diagram on a separate sheet of paper. Show all dimensions from all property lines for all existing structures – house, garage, and proposed building location. **NOTE:** If applicable, you must show location of on-lot septic system

### II. Fence:

1. Type of Fence:  Split Rail  Privacy Fence  Chain Link  Other: \_\_\_\_\_
2. Proposed Fence Height: \_\_\_\_\_ft. \_\_\_\_\_in.
3. Distance fence will be from property lines: \_\_\_\_\_ft. \_\_\_\_\_in.
4. If fence is to be used for establishing pasture or grazing areas, setbacks are per the Zoning Ordinance.

**Note: No fence can be installed in any Utility and/or Drainage Easement.**

### MUST SUBMIT FOUR (4) SETS OF PLANS

**Technicon Enterprises, Inc., II – Final Inspection Required – Call (610) 286-1622**

Zoning Enforcement Officer: \_\_\_\_\_ Date Permit Approved: \_\_\_\_\_

Inspection Approved  Inspection Disapproved Inspection Date: \_\_\_\_\_

**(Technicon Enterprises, Inc., II – Please return Inspection information upon completion)**

**When scheduling inspections, the contractor must ensure he has completed all items necessary for the inspection. Should the Building Inspector/Zoning Officer be required to make additional inspections, a fee of \$80.00 will be due to defray the cost of the inspection. The entire fee must be paid prior to the inspection. The fee is paid to the Municipality.**