



Hereford Township

Berks County, Pennsylvania

3131 Seisholtzville Rd

Macungie, PA 18062

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

Website: 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 **Payable at time of issuance of permit**

A NON-REFUNDABLE fee of \$50.00 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: _____

Storage Shed

(for all structures under 150 sq. ft. only)

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 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. Dimensions: Building Size: Width _____ Length _____ Height _____
 Sq. Ft.: _____ ft. No. of stories: _____

III. Shed Type: Prefabricated Built on-site Pole-building
 Will be placed: Concrete Block Gravel Bed Concrete Slab 6x6 ties w/stone
 Concrete Foundation

PROPOSED USE: _____

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.