



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: _____

Permit Fee: **to be assessed by the inspector at the time application is approved.**

Payment Type: _____ Amount Received: _____ Date Received: _____

Zoning Permit No.: _____ Building Permit No.: _____

Zoning District: _____ Tax Parcel No.: _____

Date sent to BC Assessment Office: _____ Sent by: _____

A NON-REFUNDABLE fee of \$100.00 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: _____

Unroofed & Roofed – Decks, Porches & Patios

For all Unroofed structures **more than 30"** above finished grade NON-REFUNDABLE fee of \$100.00

For all Unroofed structures **less than 30"** above finished grade only NON-REFUNDABLE fee of \$50.00

For all roofed structures NON-REFUNDABLE fee of \$100.00

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. Deck:

1. Size of Deck: _____ Height above grade: _____ Height of railing: _____

2. Type of Lumber: Pressure Treated Redwood Other: _____

3. Size of Lumber: Support Post _____ Floor Joist _____

4. Spacing of floor joist center: 16" 24"

III. Patio

1. Size of Patio: _____ Construction: Brick/Pavers Concrete

IV. Include roofing or covering materials to be used and dimensions.

MUST SUBMIT FOUR (4) SETS OF PLANS

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

Code Enforcement Officer: _____ Date Permit Approved: _____

Inspection Approved Inspection Disapproved Inspection Date: _____

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



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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.