



Hereford Township

Berks County, Pennsylvania

3131 Seisholtzville Road

Macungie PA18062

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.: _____

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: _____

Alternative Energy Sources Permit Application

Location of Proposed Structure:

County: Berks Municipality: Hereford

Site Address: _____

Lot No.: _____ Subdivision/Land Development: _____ Phase: _____ Section: _____

Owner: _____ Phone No.: _____ Fax No.: _____

Mailing Address: _____ Cell No.: _____

Email Address: _____

Principal Contractor: _____ Phone No.: _____ Fax No.: _____

Mailing Address: _____ Cell No.: _____

Official Registration # of Contractor: _____

Design Professional: _____ Phone No.: _____ Fax No.: _____

Mailing Address: _____ Cell No.: _____

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

Type of Work or Improvement: Roof mounted Ground mounted Other: _____

Type of Water Supply: Public Private (well)

Use: (circle): Residential Commercial Industrial Other _____

Type of Installation (circle): New Alteration Repair Other _____

Service: Job No.: _____ Amperage: _____ Phase: _____

Describe all proposed work: _____

Estimated Cost of Construction (reasonable fair market value) \$ _____



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Note:

1. All applications must be accompanied by specifications of all equipment to be installed.
2. **All residential roof mounted equipment applications must be accompanied by details of the roof structure, (framing details, type of roof and lumber species, finish with ceiling or open rafters) and mounting details (unit weight and dimensions). Identify any other existing equipment mounted on the roof, if so, estimated size, location and weight.**
3. **All commercial applications must be accompanied by drawings signed and sealed by a licensed architect or professional engineer.**
4. **All ground mounted equipment applications must be accompanied by Manufacturer’s Specifications and Installation Requirements. If not pre-engineered by Manufacturer, then the application must be accompanied by signed and sealed engineered drawings.**
5. All applications must be accompanied by a Plot Plan – (Provide scaled plan of entire property. Identify streets adjacent to property. Place all structures, with size dimensions (length/width) indicated, within property lines and indicate whether existing or proposed. Indicate front yard, side yard, and rear yard setbacks by showing the distance from structures to property lines on all sides. The property owner is responsible for the accuracy of this plot plan. On-lot sewage disposal systems, wells and/or any easements/deed restrictions must be indicated.
6. All required inspections are indicated on the permit card. The property owner or authorized agent is responsible for scheduling all inspections.
7. Work may not start until a permit has been approved and issued. The permit cards are to be displayed so as to be visible from the street.

Floodplain:

Is the site located within an identified flood hazard area? (Check One) YES NO

Will any portion of the flood hazard area be developed? (Check One) YES NO N/A

Owner/Agent shall verify that any proposed construction and/or development activity complies with the requirements of the National Flood Insurance Program and the Pennsylvania Flood Plain Management Act (Act 166-1978), specifically Section 60.3

The applicant certifies that all information on this application is correct and the work will be completed in accordance with the “approved” construction documents and PA Act 45 (Uniform Construction Code) and any additional approved building code requirements adopted by the Municipality. The property owner and/or applicant assumes the responsibility of locating all property lines, setback lines, easements, rights-of-way, flood areas, etc. 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 the Municipality or any other governing body. The applicant certifies he/she understands all the applicable codes, ordinances and regulations.

Application for a permit shall be made by the owner or lessee of the building or structure, or agent of either, or by the registered design professional employed in connection with the proposed work. Permits issued will be in the name of the property owner.

I certify that the code administrator or the code administrator’s authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provision of the code(s) applicable to such permit.



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Date: _____

Applicant's Signature

Date: _____

Owner's (if other than applicant) Signature

Signature of Owner or Authorized Agent

Print Name of Owner or Authorized Agent

Address

Date

Directions to Site: _____

MUST SUBMIT FOUR (4) SETS OF PLANS

Call Technicon Enterprises Inc., II for all inspections:

200 Bethlehem Drive, Suite 201

Morgantown, PA 19543

Phone: 610-286-1622 – Fax: 610-286-1679

Code Enforcement Officer: _____

Date: _____

Date Plan Reviewed: _____

Permit No.: _____

Permit Issued by: _____

Date: _____

A minimum of twenty four (24) hours notice is required for inspections.

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.