



# Hereford Township

Berks County, Pennsylvania

3131 Seisholtzville Rd

Macungie, PA 18062

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: **\$75.00 Payable at time of issuance of permit**

A NON-REFUNDABLE fee of \$75.00 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 Residents:** 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: \_\_\_\_\_

## **Use & Occupancy Application**

Residential  Commercial

Name of Applicant: \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Owner (if other than applicant): \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Premises to be occupied for the purpose of: \_\_\_\_\_

Location of property: \_\_\_\_\_ Acreage of property: \_\_\_\_\_

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

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

### **Attach to this application the following:**

1. (4) Plot plans of the property
2. (4) Drawings of the area to be occupied by the applicant

### **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.***