

**CODE ENFORCEMENT OFFICE**

**WHITPAIN TOWNSHIP**  
**960 Wentz Road**  
**Blue Bell, PA 19422-0800**  
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**Phone: (610) 277-2400**  
**Fax: (610) 277-2209**  
**Office Hour: Mon-Fri 1-2 p.m.**  
**& By Appointment**

**APPLICATION FOR RESIDENTIAL ZONING PERMIT**

APPLICANT	
Name:	_____
Address:	_____
Cty/St/Zip	_____
Phone:	_____
Fax:	_____
Email:	_____

PROPERTY OWNER	
Name:	_____
Address:	_____
Cty/State/Zip	_____
Phone:	_____
Fax:	_____
Email:	_____

Job Address: \_\_\_\_\_  
\_\_\_\_\_

**Building (i.e. Shed, Detached Garage or Carport, Swimming Pool, Flag Pole, Gazebo, Cabana, etc.):**

Length: \_\_\_\_\_ Width: \_\_\_\_\_ Height: \_\_\_\_\_

Distance From:

Rear Lot Line: \_\_\_\_\_ Side Lot Line: \_\_\_\_\_ House (Including Porch or Deck): \_\_\_\_\_

**Structure (i.e. Attached Deck, Porch, Pergola, etc.):**

Length: \_\_\_\_\_ Width: \_\_\_\_\_ Height: \_\_\_\_\_

Distance From:

Rear Lot Line: \_\_\_\_\_ Side Lot Line: \_\_\_\_\_ House (Including Porch or Deck): \_\_\_\_\_

Addition(s) To House:

Side Attached: \_\_\_\_\_ Extending How Far Off House: \_\_\_\_\_

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Owner/Agent Signature

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Printed Name of Owner or Agent

<p><b>OWNER (OR AGENT FOR OWNER) MUST SIGN THIS APPLICATION</b>  <b>TWO (2) COPIES OF SITE PLANS MUST ACCOMPANY THIS APPLICATION</b>  <b>INCOMPLETE OR INCORRECT APPLICATIONS WILL BE RETURNED</b>  <b>DO NOT BEGIN WORK UNTIL PERMIT IS ISSUED</b></p>
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FOR OFFICE USE ONLY

Date Issued: \_\_\_\_\_

Permit #: \_\_\_\_\_

Fee Paid: \_\_\_\_\_

Approved By: \_\_\_\_\_