



West Caln Township

PO Box 175

Wagontown, PA 19376

610.384.5643

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ZONING PERMIT APPLICATION

Date: _____

Name: _____

Street Address: _____

Mailing Address: _____
(if different)

Phone: _____

Tax Parcel #: _____

Zoning District: _____

Type & Size of Proposed Structure: _____

Estimated Project Cost: _____

The Impervious Coverage Worksheet and an accurate Plot Plan showing the following must accompany this application:

Property lines with dimensions

Distance from proposed structure and property lines and/or abutting streets

All buildings, wells, and septic systems currently on the property

All streets and driveways on and bordering the property

ALL New Impervious Coverage of over 1000 square feet is subject to the Stormwater Management Ordinance. A Zoning Permit will not be issued until all Stormwater requirements have been met.

Applicant Signature: _____

Date: _____

Zoning Approval: _____

Date: _____

Permit Fee Paid: _____

Permit Issue Date: _____

IMPERVIOUS COVERAGE WORKSHEET

Due to new PA DEP requirements, all EXISTING and PROPOSED impervious coverage must be reported. The following items should be shown on your plot plan. Please submit this worksheet with your Building or Zoning Permit application.

Today's Date: _____
Tax Parcel ID: _____
Property Address: _____
Property Owner: _____
Zoning District: _____

Total Sq. ft. of lot: _____
Sq. ft. of footprint home: _____
Sq. ft. of driveway: _____
Sq. ft. of sheds/barns: _____
Sq. ft. of detached garage: _____
Sq. ft. of pool/hot tub: _____
Sq. ft. of sidewalks: _____
Sq. ft. of patios: _____
Sq. ft. of decks: _____
Sq. ft. of porches: _____
Sq. ft. of any other impervious surfaces on property: _____
Identify "other": _____

PROPOSED Sq. Ft. of additions, patios, sidewalks, etc.: _____

| |
|--|
| Total impervious coverage allowed in this district: _____ % |
| Total impervious coverage: _____ sq. ft./: _____ % |