



LOWER POTTS GROVE TOWNSHIP

2199 Buchert Road, Pottstown, Pa. 19464 610-323-0436 Fax: 610-323-3824

www.lowerpottsgrove.org

APPLICATION FOR ACCESSORY STRUCTURE PERMIT

Applicants may submit the following form to the Township for a Building permit if the project involves a single-family residential property and if the activity is an accessory structure such as a fence, patio, deck, garage, pool, or shed. All other permit requests should utilize the standard forms available at the Township office.

| | |
|------------------------------|---|
| Applicant Information | Applicant Name: _____ Date Submitted: _____ |
| | Property Street Number and Name: _____ |
| | City: _____ Zip Code: _____ |
| | Daytime Phone Number: _____ |
| Project Description | Please use this space to describe the project: _____ _____ _____ _____ _____ |
| | Estimated starting date: _____ Est. Completion Date: _____ Project cost: _____ |

*** Please use the other side of this form to draw a picture of your lot & proposed structure ***

| Contractor (if applicable) | Address and Phone | Is Contractor registered? Provide Township / State number |
|-------------------------------|-------------------|---|
| General Contractor | | |
| Plumbing Contractor | | |
| Electrical & Other Contractor | | |

*** If the owner is going to complete work, please write "self" in the above form.***

All application forms must be submitted to the Township Office prior to the construction of the accessory structure. Applicant in signing this form certifies that all information provided herein and in any other supporting documentation is accurate and he/she intends to comply with applicable ordinances. Township staff will review the application form and reserves the right to request more information if necessary. Township staff will notify the applicant of the permit fee after calculation. Deck Specs. will be issued at time of permit application. Please sign below.

Applicants' Signature: _____ Date: _____

Received Deck Specifications _____ Date: _____