

## ZONING PERMIT APPLICATION PROCEDURES

Questions regarding any aspect of the Zoning Ordinance may be directed to the Township Zoning Officer, Robin R. Royer at LTL Consultants, Ltd. at 888-987-8886(toll free) or online at [www.rroyer@ltlconsultants.com](mailto:www.rroyer@ltlconsultants.com). Ms. Royer is generally available during normal office hours, Monday through Friday, 8:00a.m. - 4:30p.m. An answering machine is available for this number 24 hours a day, 7 days a week for those wishing to leave messages during off hours. Leave name and number, the best time to be reached, and the address about which you are requesting information.

You may call the Township Office at 717-933-8813 during normal office hours, Monday through Thursday, 8:00a.m. - 4:00p.m., Friday's 8:00am to 12:00pm for applications or for obtaining copies of the Zoning Ordinance ONLY.

ORDINANCE IS ALSO AVIALABLE ONLINE @ [www.betheltwp.org](http://www.betheltwp.org) Under the Zoning/Building tab in the top ribbon.

Zoning Permit Applications may be obtained at the Township Office or on the Township website, right column under Forms or under the Zoning/Building tab. Completed applications must be signed and returned to the Township Office, 60 Klahr Rd, Bethel, PA 19507.

The application will be reviewed and the Applicant will be contacted if any additional information is required. You will then be mailed either the approved Zoning Permit or the denial of the Zoning Permit Application. The Zoning Ordinance requires that this be done within 90 days of receipt of a completed Application, although Permits are usually reviewed and issued promptly. Permits may be picked up at the Township Office, at which time you will be expected to pay the required fee by check made payable to **Bethel Township**.

**Permits will not be issued if delinquencies are determined for taxes, water, sewer and/or refuse collection.**

**IMPORTANT** - Earthmoving activity, in accordance with Pennsylvania laws, requires an Erosion & Sedimentation Control Plan. Owner/Applicant is responsible for contacting the Berks County Conservation District (610-372-4657) to obtain any and all necessary approvals prior to any earthmoving activity. Pennsylvania law requires that when a Sewage Permit is required, it must be obtained prior to the issuance of a Zoning Permit. Also, it is the Owner/Applicant responsibility to comply with all Worker's Compensation laws and requirements.

Demolition projects will require a zoning permit and may require DEP demolition permit (asbestos and lead base paints).

**BETHEL TOWNSHIP, BERKS COUNTY  
ZONING PERMIT APPLICATION**

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**APPLICANT'S NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**TELEPHONE NO.:** HOME (     )                      WORK (     )

**OWNER'S NAME** (if different from Applicant): \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**TELEPHONE NO.:** HOME (     )                      WORK (     )

**STREET ADDRESS OF PROPOSED IMPROVEMENTS:**

\_\_\_\_\_

**SUBDIVISION NAME:** \_\_\_\_\_ **LOT #** \_\_\_\_\_ **TAX PIN #** \_\_\_\_\_

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\_\_\_\_\_ **Check if taxes and/or sewer bills are paid to date.**

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**TYPE OF IMPROVEMENT PROPOSED:**

**RESIDENTIAL STRUCTURES**

- NEW DWELLING
  - NEW ADDITION TO EXISTING DWELLING
  - ALTERATION OF EXISTING DWELLING (EXPLAIN BELOW)
  - ACCESSORY STRUCTURE, SUCH AS GARAGE, SHED, POOL, ETC. (EXPLAIN BELOW)
  - EXPLANATION \_\_\_\_\_
- 

**NON-RESIDENTIAL STRUCTURES, INCLUDING AGRICULTURAL**

- NEW STRUCTURE (EXPLAIN BELOW)
  - NEW ADDITION TO EXISTING STRUCTURE (EXPLAIN BELOW)
  - ALTERATION OF EXISTING STRUCTURE (EXPLAIN BELOW)
  - ACCESSORY STRUCTURE (EXPLAIN BELOW)
  - EXPLANATION \_\_\_\_\_
  - OTHER (EXPLAIN) \_\_\_\_\_
- 

**PROPOSED USE OF PROPERTY** - (examples: Single Family Residential, Apartment, Residential Storage, Church, Barn for Agricultural Storage, Poultry House, Retail Store, Manufacturing, Home Premise Business, etc.) Provide as much information as possible:

\_\_\_\_\_

\_\_\_\_\_

**"FAIR MARKET VALUE" OF COMPLETED IMPROVEMENT:** \$ \_\_\_\_\_

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**PRINCIPAL TYPE OF CONSTRUCTION:** \_\_\_\_\_  
(e.g. Mobile Home, Frame, Block, etc.)

**TYPE OF SEWAGE DISPOSAL**

- COMMUNITY SEWER
- ON-LOT SYSTEM -- permit # \_\_\_\_\_

**TYPE OF WATER SUPPLY**

- COMMUNITY SYSTEM
- ON-LOT (WELL, SPRING, ETC.)

**DIMENSIONS OF PROPOSED IMPROVEMENTS:**

\_\_\_\_\_ Ft. - Height Of Proposed Improvement

\_\_\_\_\_ Sq. Ft. - Total Area (Building Footprint) Of Proposed Improvement:

Number of Bedrooms \_\_\_\_\_ Existing \_\_\_\_\_ at Completion

**CONTRACTOR INFORMATION (if available):**

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

**ARCHITECT/ENGINEER (if available):**

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

Applicant may provide separate sheet(s) to further explain any portion of the Application where deemed necessary.

**APPLICANT SHALL PROVIDE AN ACCURATE SKETCH OF THE PROPOSED PROPERTY IMPROVEMENTS ON THE FOLLOWING PAGE, OR ON A SEPARATE SHEET. SKETCH SHALL SHOW PROPERTY LINES, ROADS, EXISTING AND PROPOSED STRUCTURES, AS WELL AS THE DIMENSIONS OF THESE FEATURES. INCLUDE THE DISTANCES FROM THE EXISTING AND PROPOSED STRUCTURES TO ALL PROPERTY LINES.**

I hereby affirm that the proposed work is authorized by the owner of record and that I am, or have been authorized by, the owner of record to make this application as his or her authorized agent and that we agree to conform to all applicable portions of the Bethel Township Zoning Ordinance of 2008, and all other applicable laws, and that the information contained in this Application is true and accurate.

I also affirm that I have read and understand the Zoning Permit application Procedures on Page 4 of this application, including the provisions related to obtaining a separate Building Permit.

\_\_\_\_\_  
SIGNATURE of APPLICANT \_\_\_\_\_  
DATE

**PROPERTY SKETCH** (Show all improvements with distances to all property lines)

A large grid for property sketching, consisting of 30 columns and 40 rows of small squares. The grid is intended for drawing property lines and improvements.

◆◆This Section to be completed by Zoning Officer◆◆

Zoning District \_\_\_\_\_

Variance or Special Exception Required? \_\_\_\_\_

Total Fees: \$ \_\_\_\_\_

Date Paid: \_\_\_\_\_

Check No.: \_\_\_\_\_

OTHER COMMENTS: \_\_\_\_\_

Permit No.: \_\_\_\_\_ Date Issued: \_\_\_\_\_

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