



BOROUGH OF WEST READING CODE ENFORCEMENT DEPARTMENT

500 Chestnut Street, West Reading PA 19611
(610) 374-8273 Fax: (610) 816-7565
E-mail: wrcodes@westreadingborough.org

Application for Zoning Permit

Property Address:	
Zoning District:	
Name of Owner:	Address:
Phone No:	
Email:	
Name of Applicant (if other than owner):	Address:
Phone No:	
Email:	
Business Name (if applicable):	
Application is hereby made for the following:	
<input type="checkbox"/> New Business (include sketch of interior space on page 2)	<input type="checkbox"/> Shed (include sketch of entire property on page 2, existing & proposed) Use:
<input type="checkbox"/> Detached Garage (include sketch of entire property on page 2, existing & proposed)	<input type="checkbox"/> Deck <input type="checkbox"/> Patio <input type="checkbox"/> Porch <input type="checkbox"/> Balcony (include sketch of entire property on page 2, existing & proposed)
<input type="checkbox"/> Change of Use:	
<input type="checkbox"/> Fence (shall not be located within Borough or State road right-of-ways or clear sight triangles) (include sketch of entire property on page 2, existing & proposed)	
<input type="checkbox"/> Other Accessory Use (include sketch of entire property on page 2, existing & proposed) Describe Use:	
DESCRIPTION OF WORK TO BE PERFORMED (or services offered for new business):	
Statement by Applicant, Owner and/or Owner's Agent:	
<p>I hereby certify that I am the OWNER or the AGENT of the OWNER, that I am authorized to make this application and that the information contained in this application is accurate to the best of my knowledge. Further, I/we agree to adhere to all applicable Borough of West Reading Ordinances and Regulations. I/we are also aware that a USE & OCCUPANCY PERMIT, issued by Borough of West Reading shall be required prior to use or occupancy of the building or structure. I/we understand that once the permit review process has begun I am responsible for paying the cost of the permit, irrespective of whether I actually use the permit or not. I/we agree to be liable for all costs required to collect said fee(s).</p>	
Signature of Applicant: _____	Date: _____
Signature of Property Owner/Agent: _____	Date: _____
Approval/Denial:	
<input type="checkbox"/> Application Approved*	
<input type="checkbox"/> Application Denied	
Reason(s) for Denial:	
Zoning Officer's Signature: _____	Date: _____
<p>*The Owner/Applicant is advised that deed restrictions or covenants may prohibit this activity. It is the Owner/Applicant's responsibility to review and comply with these restrictions. Approval of this permit application by the Zoning Officer does not relieve the Owner/Applicant from complying with these restrictions.</p>	

Sketch of Property Showing Location of Existing and/or Proposed Buildings and Structures