



P.O. Box 1, Pocopson PA 19366  
Office: 610.793.2151 Fax: 610.793.1944  
www.pocopson.org

### ZONING PERMIT APPLICATION

Zoning permits shall be required for (1) use & occupancy of any building or other structure erected, altered or enlarged for which a building permit is required; (2) permitted change in use of any building or structure; and (3) change in nonconforming use or expansion or extension of a nonconforming use.

#### PROPERTY AND OWNER INFORMATION:

Location of Property: \_\_\_\_\_

Chester County Tax Parcel Number: 63 - \_\_\_\_\_ - \_\_\_\_\_

Name of Subdivision (if applicable): \_\_\_\_\_

Name of Property Owner(s): \_\_\_\_\_

Address of Record: \_\_\_\_\_

Telephone/Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**If the Applicant is NOT the property owner an Agent's Affidavit is required.**

Name of Applicant (if different from above): \_\_\_\_\_

Address of Applicant: \_\_\_\_\_

Telephone/Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

#### ZONING CLASSIFICATION:

- RA – Residential and Agricultural Zoning District
- C1 – Neighborhood Commercial
- MHP – Mobile Home Park
- LI – Limited Industrial

#### USES:

Current Use of the Property: \_\_\_\_\_

Proposed Use of the Property: \_\_\_\_\_

#### Additional Approvals required (attach copy of the signed decision):

- Subdivision/Land Development
  - Conditional Use
  - Special Exception
- Approved: \_\_\_\_\_ Approved: \_\_\_\_\_ Approved: \_\_\_\_\_

**A plot plan is required showing property lines, front, rear, and side yard setback dimensions, location of all structures on property and location of well and septic tank. I certify that all of the information submitted with this application is true to the best of my knowledge and belief.**

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

This Zoning Permit authorizes the establishment of the uses stated in this Permit at the location specified. The Zoning Permit is a prerequisite for obtaining a Building Permit. After the proposed

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improvements are completed a Use and Occupancy Certificate when applicable shall be obtained from Pocopson Township prior to the lot or structure being used and/or occupied.

Application Approved    Application Denied   Date: \_\_\_\_\_ Zoning Permit # \_\_\_\_\_

Zoning Officer Signature: \_\_\_\_\_

**BUILDING AND IMPERVIOUS COVERAGE BREAKDOWN**  
Please complete Parts 1, 2, and 3 if applicable to your project.

**PART 1.**  
**PROPERTY AND OWNER INFORMATION:**

Location of Property: \_\_\_\_\_

Name of Property Owner(s): \_\_\_\_\_

Address of Record: \_\_\_\_\_

Telephone/Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**PART 2. Building Coverage: Building coverage is the percentage of your lot that is covered by buildings including sheds, garages, covered porches/patios, gazebos, and any structure with a roof.**

% allowed \_\_\_\_\_ (leave blank for calculation by Township Official)

Lot Size in square footage: \_\_\_\_\_ Square feet allowed (lot size X % allowed as decimal = \_\_\_\_\_)

*For example: 10,000 sq.ft. lot X .2 = 2000 sq. ft. allowable building coverage*

House footprint (square feet): \_\_\_\_\_ Total existing building coverage in square feet: \_\_\_\_\_

Total existing building coverage as a percentage of lot (total existing building coverage) ÷ (lot size) X 100 = \_\_\_\_\_% *Example: 2000 sq. ft. building footprint/10,000 sq. ft. lot = .2 X 100 = 20% building coverage*

Proposed construction (square feet) \_\_\_\_\_

Total building coverage existing & proposed (square feet) \_\_\_\_\_

Total proposed building coverage as a percent of lot (total building coverage existing & proposed) ÷ (lot size) X 100 = \_\_\_\_\_%

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**PART 3. Please complete if applicable to your project. Impervious Coverage: Impervious coverage is the percentage of your lot that is covered by structures with a roof (for instance house, shed(s), garage(s), covered porch(es), covered patio(s), gazebo(s)), plus any paved surfaces.**

% allowed \_\_\_\_\_ (leave blank for calculation by Township Official)

Lot Size in square footage: \_\_\_\_\_

Impervious coverage allowed (lot size X % allowed as decimal) = \_\_\_\_\_

*For example: 10,000 sq.ft. lot X .2 = 2,000 sq. ft. allowable impervious coverage*

House footprint (square feet): \_\_\_\_\_ Total existing impervious coverage in square feet: \_\_\_\_\_  
Total existing building coverage as a percentage of lot (all structures and paved surfaces / lot size) X  
100 = \_\_\_\_\_%

*For example: 2000 sq. ft. building footprint + 100 sq. ft. paved surfaces/10,000 sq. ft. lot = .21 X 100 = 21% impervious coverage*

Proposed construction or additional paving (square feet): \_\_\_\_\_

Total impervious coverage existing and proposed: \_\_\_\_\_ (square feet)

Total proposed impervious coverage as a percent of lot (all structures with a roof + paved surfaces/lot size) X 100 = \_\_\_\_\_%

**If impervious coverage is over the allowable limit, please contact the  
Township Administration Office at 610-793-2151.**