

**CHESTNUTHILL TOWNSHIP
BUILDING PERMIT APPLICATIONS**

**INSTRUCTIONS
RESIDENTIAL ACCESSORY BUILDINGS/
POOLS**

***INCOMPLETE PERMIT APPLICATIONS WILL BE
RETURNED
PLEASE DO NOT SUBMIT UNLESS COMPLETE***

Attach 3 copies of a completely dimensioned plot plan of the lot and location, include placement of the primary structure; include all accessory structures on the plot plan and setbacks, including street names. Include any wetlands delineation; show lot lines, septic and well locations. Include 3 copies of the dimensions of the proposed structure.

Accessory structures of less than 1,000 square feet require Chestnuthill Township Permit Only.

ALL pools require completed LVIS packet. Above ground pools less than 4 feet high require fencing. All in ground pools require fencing; fence permit application must accompany this application.

Provide the Tax Map Pin # 026... If this property has changed owners, please provide proof of date of change.

Submit 3 copies of a picture and specs for all construction. (Include cross section and elevations, and floor plan). SEE LVIS PACKET

Enclose a signed copy of the construction agreement and 2 copies of insurance information – General Liability and Workman's Compensation.

All transactions are *check or money order* and must accompany a completed permit application.

***A COMPLETED LEHIGH VALLEY INSPECTION SERVICE
PACKET MUST ACCOMPANY THE CHESTNUTHILL
TOWNSHIP PERMIT APPLICATION. (See above information).***

Revised 1/05 sas

Brodheadsville, PA 18322 (570) 992-7247
- RESIDENTIAL ACCESSORY USE -

Permit # _____ Tax Map # (14 Digit PIN) _____

Lot Location & Street Name: _____

Lot Owner Name & Mailing Address: _____

Phone: _____

Circle Applicable Fee: Payable to Chestnuthill Township

Accessory Use: \$50.00 + \$0.25 per square foot
\$50.00 up to 149 square foot

In-Ground Pool Shed Detached Garage Barn Gazebo

Above Ground Pool: \$50.00

Zoning of Land: _____ Use of Structure: _____

Residential Setbacks: Front: _____ Rear: _____ Sides: _____

Total Square Footage: _____ Accessory Use Requires Fencing: _____

Height of Structure: _____ Final Cost of Structure: \$ _____

Applicant and / or Building Contractor

Name & Address: _____

Phone Number: ____/____/____

Incomplete as of : _____

Applicant's Signature

Date

Property Owner's Signature

Zoning Officer

Check # _____