Permit # _____

Date Stamp

Accessory Apartment Use & Occupancy Permit Application

Honey Brook Township, Chester County $25 App. fee _____

Rental Unit Situs (Location) Address*: _____

Tax Parcel No.: 22-_____ Zoning District: _____

Property Owner Name: _____ Phone: _____

Property Owner Mailing Address: _____

Number of persons to occupy accessory apartment: _____

Name of tenant(s) to (if known at time of application): _____

Total acreage of property on which rental unit sits: _____

Are there any existing accessory apartment(s) currently on the property (circle one): Yes No

Accessory apartment proposed to be** (circle one):

Addition to dwelling Conversion of a portion of dwelling Within an accessory building

*****Note: A building permit shall be required***

Number of parking spaces available for tenant(s) use exclusive of area for parking for residents of dwelling: _____ (minimum of 2 parking spaces per dwelling unit must be provided beyond the road right-of-way).

Dimensions of habitable floor area of primary dwelling: _____

Dimensions habitable floor area of accessory apartment: _____

**Attach to this application:

1. Chester County Health Department Approval

2. A detailed sketch plan (floor plan) showing the area to be utilized as the accessory apartment, a plot plan indicating the distance of dwelling and accessory apartment from all property lines, the ingress and egress to the existing and proposed buildings, location of any fire escape or exterior stairways for required egress, parking area(s) and compliance with all regulations of the applicable zoning district.

_____ _____

Applicant Signature Date

****

Township Use Only

Fee: _____ Paid by: _____cash _____

Code Enforcement Officer Signature/Date

_____check

*New rental address assigned (if needed):_____ rev. 01/25/2016