Zoning Permit Submission Requirements

- ☐ **Signed Zoning Permit Application Form**

- ☐ **Payment of Applicable Fee(s)** – for fee(s) scheduled, visit: https://www.readingpa.gov/images/ZHB_decisions_agendas/zoning_fee_schedule_effective_April_01_2024.pdf?66719dd5

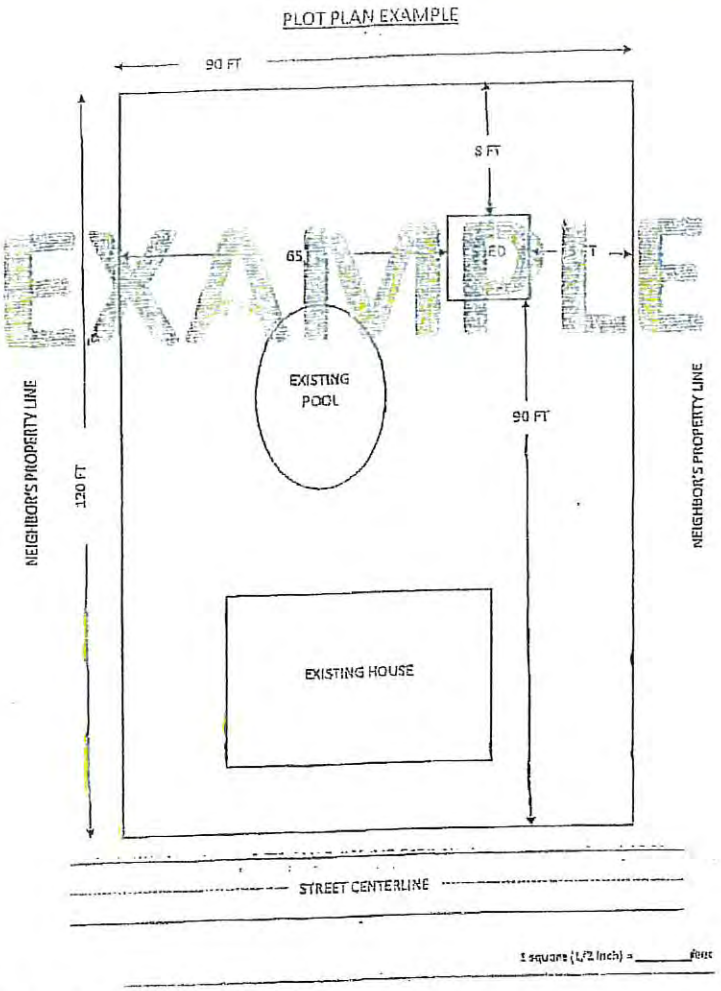
- ☐ **Property Owner Authorization**:
  - If the application is not signed by all record owners of the property, a written authorization by the property owners(s) must accompany the application. *Examples: authorization letter, agreement.*

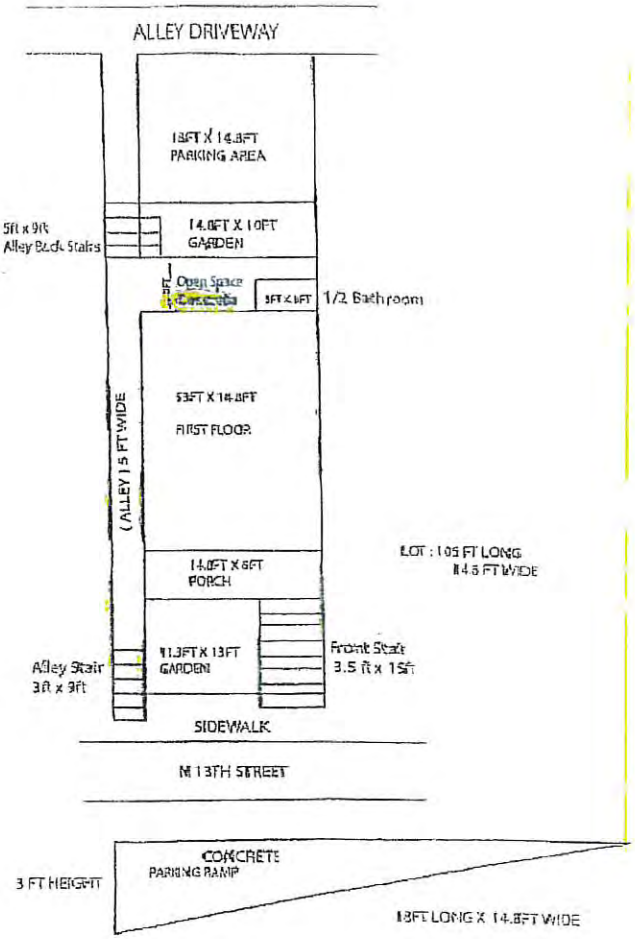
  - If owner is an entity (ex. LLC), documentation of the authority of the person signing the form is required.

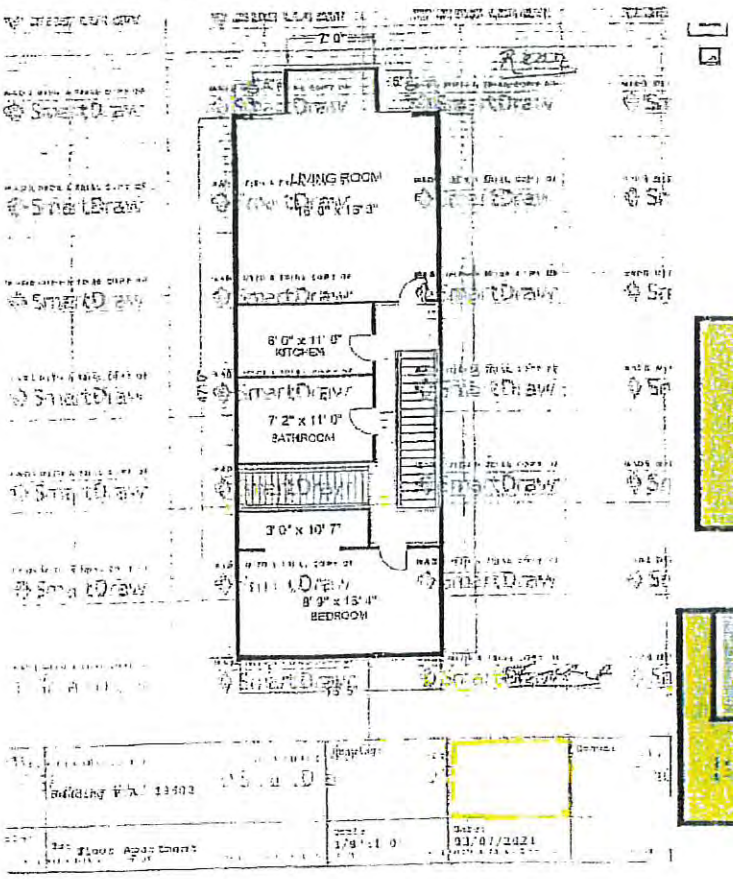
- ☐ **Plot Plan and/or Floor Plan**, which must:
  (1) Be drawn to scale (e.g., 1 inch = 20 feet)
  (2) Show the dimensions (length x width) and area (in square feet) of the lot
  (3) Show each existing building, structure, sign, or paved area along with the dimensions of each
  (4) Show each proposed/new building, structure, sign, or paved area along with the dimensions of each
  (5) Show the distance between each proposed/new building or structure and the building setback line (if setback is not known, label the distance to the property line)
  (6) Show and label each adjacent streets, alley and right-of-way (including sidewalks)
  (7) Show all proposed and existing parking and loading areas with any proposed storm drainage facilities
  (8) Describe adjacent land uses (if known)
  (9) Show all required buffer zones, landscape areas, and lighting data (if applicable)
  (10) Depict any other information requested by the Zoning Officer, including, but not limited to:
    - *Fences: length, height & construction material*
    - *Paved areas: pavement surface material*
    - *Swimming pools: buffer distance around pool & fence location*
    - *Home occupations: proof of residency*
    - *Yard sales: proof of residency & dates of operation*
    - *Dwelling units & commercial uses: floor plan showing the use, dimensions (feet) & area (square feet) of each room*

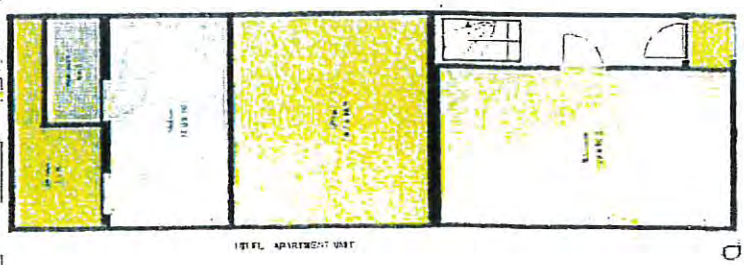
You must provide a completed Zoning Permit Application in order for us to review. Incomplete applications will only be held for 10 days. If you would like your incomplete packet returned, please enclose a stamped, self-addressed envelope

Site and Floor Plan Examples









CITY OF READING ZONING PERMIT

TAX PARCEL ID # _____ PERMIT # _____

THIS BOXED AREA TO BE COMPLETED BY THE APPLICANT

Be aware PA crimes codes CC4904 provides for penalties for false statements or misrepresentations

SUBJECT ADDRESS _____
NUMBER STREET ZIP CODE

RECORDED DEED PROPERTY OWNER NAME(S): _____

_____
TELEPHONE # NUMBER STREET ZIP CODE

APPLICANT MUST HAVE PROPER LEGAL STANDING TO SUBMIT THIS PERMIT APPLICATION

_____
APPLICANT NAME TELEPHONE # EMAIL

_____
APPLICANT'S ADDRESS - NUMBER STREET ZIP CODE

APPLICANT IS: OWNER ___ TENANT ___ CONTRACTOR ___ BUSINESS PRIVILEGE LICENSE Y/N? ___

IF APPLICANT IS A CONTRACTOR, PROVIDE BUSINESS PRIVILEGE LICENSE NUMBER _____

APPLICANT SIGNATURE: _____
NAME DATE SUBMITTED

DESCRIBE EXISTING USE : _____

DESCRIBE PROPOSED USE: _____

_____

LAST APPR'D USE: _____ PROPOSED USE: _____

PURPOSE: A NEW, RELOCATED, OR EXPANDED STRUCTURE, PARKING AREA OR SIGN ☐ CREATION OF A USE ☐
CHANGE OF USE (INCL TO NUMBER OF DWELLING UNITS) ☐ NON-CONFORMING USE, BLDG OR LOT ☐

APPROVED: _____ ZONING DISTRICT: ___
ZONING OFFICIAL DATE

COMMENTS: _____

_____

_____

DENIED: _____ REASON(S) FOR DENIAL: _____
ZONING OFFICIAL DATE

_____

_____

ZHB: DATE: _____ GRANTED___ DENIED___ PC: PLAN RECORDED Y/N ___ N/A___

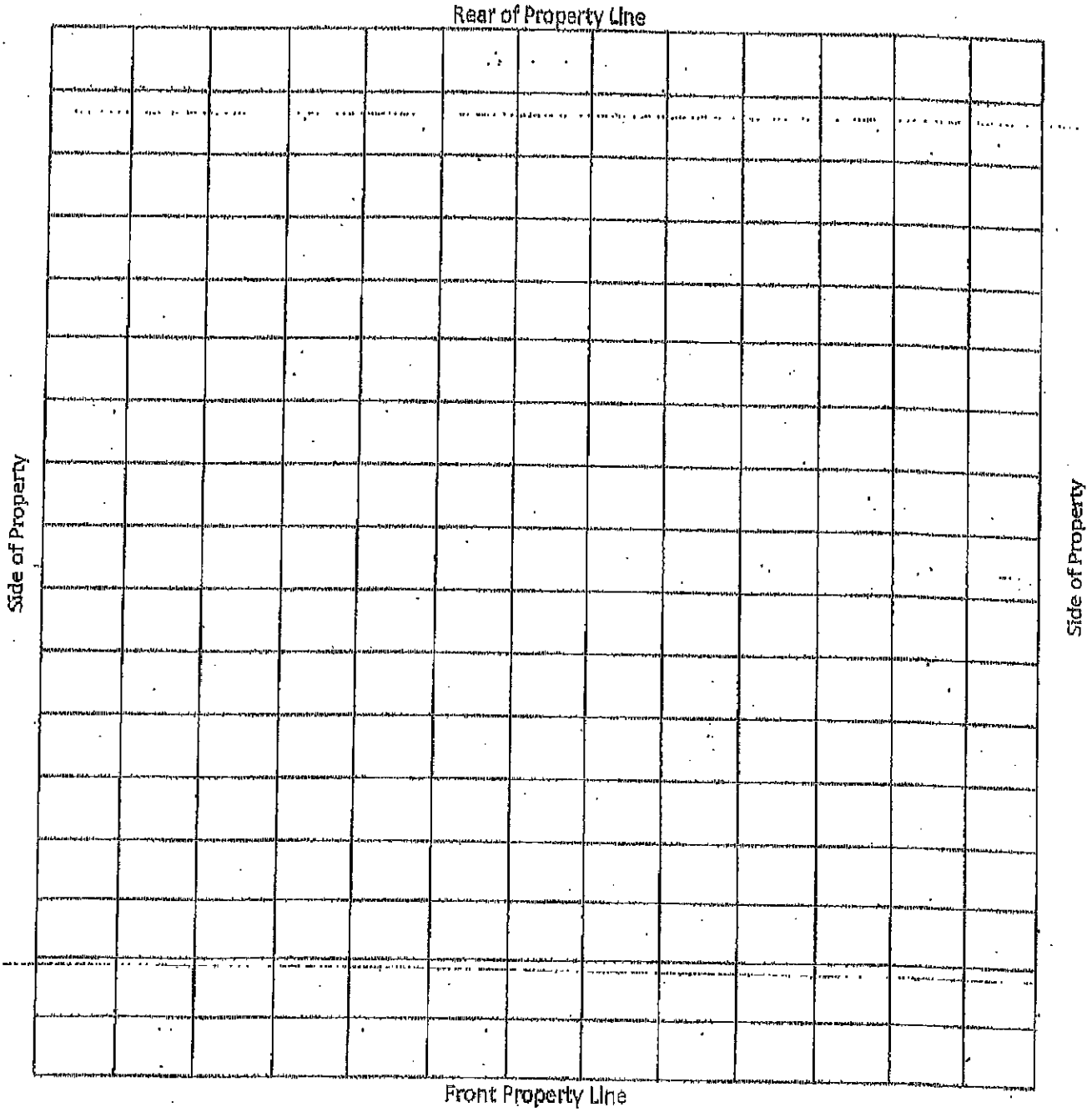
ATTN: ADDITIONAL PERMITS AND/OR APPROVALS MAY ALSO BE REQUIRED BY THE CITY DEPARTMENTS BELOW:

BLDG CODES___HEALTH/HOUSING___ FIRE___ PUBLIC WORKS ___ HISTORIC___ PLANNING ___

This permit applies to ZONING ONLY and shall not relieve the applicant from obtaining other such permits as may be required by law. Violation of any provision of this ordinance, including falsification of information on this permit shall be punishable by a fine not to exceed $500.00 or by imprisonment not to exceed 60 days.

DATE STAMP RECEIVED _____

PLOT PLAN



1 square (1/2 inch) = _____ feet

Show all existing and proposed structures and buildings, including porches, patio, decks, sheds, sidewalks, garages, parking pad, pools and driveways. Also indicate the setbacks of all structures and buildings from all property lines.

For fences: provide the type of fence, the placement of fence, the height and length of fence. For fences that face the street the height cannot be higher the four (4) feet.

CITY OF READING, PENNSYLVANIA

Department of Community Development

Owner Authorization Form

NOTICE: PA CRIMES CODE (18 Pa.C.S. § 4904) PROVIDES CRIMINAL PENALTIES FOR MAKING A FALSE STATEMENT TO PUBLIC OFFICIALS.

I/We, the undersigned Property Owner(s) or agent thereof, do hereby affirm as follows:

1. I am (we are) the lawful owner(s), or its agent, of the property located at the following address (Subject Property):

   Address of Subject Property: _____

2. The individual named below (Applicant) has my/our permission to apply for an application for the use described below at the Subject Property:

   Name of Applicant: _____

   Description of Proposed Use: _____

   _____

3. By signing this form, I/we acknowledge that enforcement actions for any violations of the City of Reading Zoning Ordinances may be brought against me/us as the owner(s) of the Subject Property, including civil penalties up to $500 per day.

   Ownership type (check one box and complete applicable section only):

❑ *Individual*	*Owner name (*Print)	*Signature*
	_____	_____
❑ *Two or more individuals*	*Name of each owner* (Print)	*Signature of each owner*
	_____	_____
	_____	_____
❑ *LLC/corporation*	*Owner entity name*	
	_____	
	Authorized officer's name (Print)	*Authorized officer's signature*
	_____	_____
	Authorized officer's title	
	_____	

Note: Additional documentation required showing affiliation of the signer to the LLC

Date Received: _____

CITY OF READING, PENNSYLVANIA

Department of Community Development
Zoning Office
815 Washington Street, Suite 1-25
Reading, PA 19601
(610) 655-6326

PERSONAL SERVICES WORKSHEET

TO ACCOMPANY EACH ZONING PERMIT APPLICATION FOR A BARBER OR BEAUTY SHOP, MASSAGE THERAPY, NAIL SALON, OR OTHER PERSONAL SERVICE BUSINESS REQUIRING STATE LICENSE

NOTICE: PA CRIMES CODE (18 Pa.C.S. § 4904) PROVIDES CRIMINAL PENALTIES FOR MAKING A FALSE STATEMENT TO PUBLIC OFFICIALS.

TYPE OF USE:

- ❑ BARBER/BEAUTY SHOP
- ❑ LICENSED MASSAGE THERAPY
- ❑ NAIL SALON
- ❑ OTHER: _____

NUMBER OF EMPLOYEE STATIONS SHOWN ON PLAN: _____

NUMBER OF LICENSED PERSONS ON PREMISES: _____

If number of licensed persons different from number of stations, please explain:

_____

NAME OF EACH PERSON(S) WHO WILL BE ON PREMISES DURING HOURS OF OPERATION AND IS LICENSED BY THE COMMONWEALTH OF PENNSYLVANIA:

_____ _____

_____ _____

_____ _____

ATTACH COPY OF APPLICABLE PENNSYLVANIA LICENSE FOR EACH INDIVIDUAL NAMED ABOVE.

VERIFICATION

I am the applicant for zoning approval of the above-referenced use and I hereby certify under penalty of law that a state-licensed individual will be on the premises during all hours that the use is in operation in accordance with § 600-1103 of the City of Reading Zoning Ordinance and/or other applicable law. I understand that proof of such license may be required to be shown immediately upon request by any City or state employee.

_____
Applicant Name (Print)

_____ _____
Applicant Signature **Date**