

**EAST VINCENT TOWNSHIP
262 RIDGE ROAD, SPRING CITY, PA 19475
Phone: (610) 933-4424 Fax: (610) 933-1142**

STRUCTURE PLACEMENT CERTIFICATION

TO: East Vincent Township Zoning Officer / Building Code Official

RE: Structure Placement Certification for Permit No. _____

Property Owner: _____

Structure Location/Address: _____

Uniform Identifier Parcel Number: _____ Zoning District: _____

Date proposed location of structure will be ready for stakeout inspection: _____

DATE: _____

I do hereby certify the placement/location of the dwelling/ building/structure(s) on the above identified property will be in compliance with the currently adopted zoning ordinance of East Vincent Township, as amended. Additionally, the dwelling, building/structure shall be positioned at the designated location and elevation identified on any approved/recorded Subdivision & Land Development plats applicable to the property identified above.

Responsible Person: * _____ / _____
(signature) (print name)

*Company(if other than the property owner): _____

*Address (if other than the property owner): _____

Note: This document shall be made part of the approved zoning permit.