



TOWNSHIP OF

Hampton

RESIDENTIAL ZONING APPROVAL
CONSTRUCTION PERMIT

Please submit the following items with the completed application:

- A copy of an official survey that shows the proposed location of the structure relative to existing and/or proposed buildings, property boundaries, right-of-ways and elevations.
- Please turn in a completed application filled out in blue or black ink.

Also, please be aware:

- **FEE \$35.00.** May be submitted in either cash or check made payable to “**Township of Hampton.**” Payment is due after the permit has been issued. Please bring payment when you come to pick up the permit placard.
- For any side of the yard that abuts a roadway the setbacks are measured from the edge of the right of way.
- If the accessory structure is to be placed within 50% of the minimum required setback, the township will require the property line to be staked for the final inspection. We recommend that it be staked before construction begins.
- Structures over 400 square feet will require storm water controls. Please submit plans showing the design and location of the controls.
- If you belong to a Home Owners’ Association please contact them for their guidelines regarding the construction of this type of structure.
- Applicants should refer to the Township of Hampton Zoning Ordinance available at www.hampton-pa.org for further information on accessory structures and the Township lighting standards.
- The fee for the electrical permit and associated inspection(s) is not included in the building permit fees. When you are ready for an inspection, contact the electrical inspector directly (see below) and he will issue the permit and collect the fee on site during the inspection.
Electrical Inspector w/ Code.sys: Gene Meaner – (412) 821-0337 ext. 39
- ***Please note: There will be an additional charge for re-inspections that exceed two or more of the allotted number of inspections that are listed on the building permit.***



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1. Name of Property Owner _____ Phone # _____
Address _____ Fax # _____
Tax Parcel ID # _____

2. Name of Applicant _____ Phone # _____
Address _____ Fax # _____

* Is this property a corner lot? Yes No Zoning Classification: _____

* Will this structure eventually be connected to the house? Yes No

3. Proposed uses(s) please check those that apply: (*List square footage*)

- | | |
|---|---|
| <input type="checkbox"/> Shed (Under 1,000 feet) | <input type="checkbox"/> Detached private garage (Under 1,000 square feet) |
| <input type="checkbox"/> Car Port (Under 1,000 feet) | <input type="checkbox"/> Above ground swimming pool |
| <input type="checkbox"/> Fence (equal to or less than 6 feet) | <input type="checkbox"/> Other (under 1,000 feet), Please specify: _____ |

4. Size of Structure: Length: _____ Width: _____

Height of Structure from average grade level: _____ ft.

Location of Structure on the Lot: (Submit copy of survey w/easements shown)

5. Setbacks: The Township of Hampton Zoning Ordinance regulates how far structures must be from all property lines. Please provide the following information regarding the distance from each property line to the proposed location of your structure. **This section MUST be filled in completely or the application will not be accepted.** Please also mark the setback values on the stamped survey to be included with this application.

Setback from street right-of-way _____ ft. Setback from rear prop. line _____ ft.

RIGHT side of structure to RIGHT prop. line _____ ft.

LEFT side of structure to LEFT prop. Line _____ ft.



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6. Size (footprint) of Primary Structure (house): _____ square feet

**Accessory Structure(s) cannot be larger than the Primary Structure (cumulative)*

7. Estimated Cost of Proposed Accessory Structure: \$ _____

8. Building Material of Proposed Accessory Structure: _____

Color of Proposed Accessory Structure: _____

Building Material of Primary Structure (house): _____

Color of Primary Structure (house): _____

**Please be aware, as per Section 11.936 of the Township Zoning Ordinance, No. 627, Accessory structure's wall and roof covering must generally match the primary structure in type and color.*

9. I hereby acknowledge the information contained herein is true and correct, and I hereby agree that all applicable provisions of the Hampton Township Codes shall be complied with.

Applicant-Signature _____ Date _____

Print Name _____

E-mail Address (optional) _____



3101 McCully Road, Allison Park, Pennsylvania 15101 ♦ Area Code 412-486-0400
412-443-7585
Fax: 412-486-5019

TOWNSHIP OF HAMPTON
RELEASE FORM

This page must be signed and dated by the property owners.

I / We, _____,
being the owner or owners of the property listed below, located at _____
_____, agree to **HOLD HARMLESS** the Township of
Hampton of any and all legal responsibilities in the removal of fence, hedge, post, mailbox, sign,
wall, tree or shrub which has been placed over the road right-of-way easement for utilities, as per
Ordinance 627. Article 11, Section 11.600. Subsection 11.640 at the above location, should it ever
become necessary to remove same for maintenance purposes. In addition, I/We recognize that the
installation of any structure within an easement or right-of-way (ROW) is restricted by section
11.600 of the Township’s Zoning Ordinance. If any easements and/or right-of-ways exist that
were not included on the submitted survey/plan, I/We assume all responsibilities for compliance
with Township Zoning Ordinance restrictions regarding placement of any structure in these areas.

Further, this **RELEASE FORM** is to be made a part of, and recorded with the building
permit issued on the above property.

Owner Date

Owner Date

Section 11.640: Any fence, hedge, post, mailbox, sign, wall, tree or shrub located in a public
right-of-way or other recorded easement is placed at the owner’s risk and
may be ordered removed by the Township or other public utility or authority
for expansion or maintenance of public services.



3101 McCully Road, Allison Park, Pennsylvania 15101 ♦ Area Code 412-486-0400
412-443-7585
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(FOR TOWNSHIP USE ONLY – PLEASE DO NOT WRITE BELOW THIS LINE)

ZA #: _____	Date Received: _____
Received By: _____	Check# _____
Fee: \$ _____	Cash _____
Approved: Yes <input type="checkbox"/> No <input type="checkbox"/>	Approval Date: _____
Field Verification Approval: Yes <input type="checkbox"/> No <input type="checkbox"/>	Date of Approval: _____
Building Code Official _____	