



# CITY OF EASTON

123 South Third Street  
Easton, Pennsylvania 18042  
phone 610-250-6724 - fax 610-250-6607 - e-mail codes@easton-pa.gov

# ACCESSORY STRUCTURE

Garages, Carports, Sheds, Detached Decks

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SITE ADDRESS: \_\_\_\_\_

OWNER: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PHONE # \_\_\_\_\_ EMAIL \_\_\_\_\_

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Construction/installation is subject to zoning and planning requirements as well as all other applicable codes and ordinances.

- Site Diagram** - Show all existing and proposed buildings. Indicate distances from all lot lines, square footage of proposed construction and lot boundaries. Accessory structure(s) shall not be located in front yard. **See page 2 for sample**
- Construction** - Show cross section of footers, foundation, slab and anchorage; plan, front and side elevation and type and sizing of materials. Dimensions and measurements are required on all aspects of plans. *Note:* Plans on prefab or sheds may be available from the supplier and are acceptable providing they include the above information. Submit two (2) complete sets of plans with the application.

	CH	SS	WW	DD	RC	AR	INS 1	INS 2
<b>HEIGHT SHALL NOT EXCEED</b>	15	15	15	15	15	15	15	15
<b>SIDE YARD SETBACK</b>	4	4	3	4	10	5	10	10
<b>REAR YARD SETBACK WHERE NO VEHICULAR ACCESS EXISTS</b>	4	4	3	4	10	4	10	10
<b>REAR YARD SETBACK WHERE VEHICULAR ACCESS DOES EXIST</b>	6	6	6	6	10	10	10	10
<b>DISTANCE TO OTHER STRUCTURES</b>	4	4	4		6	5	6	6

### REQUIRED INSPECTIONS:

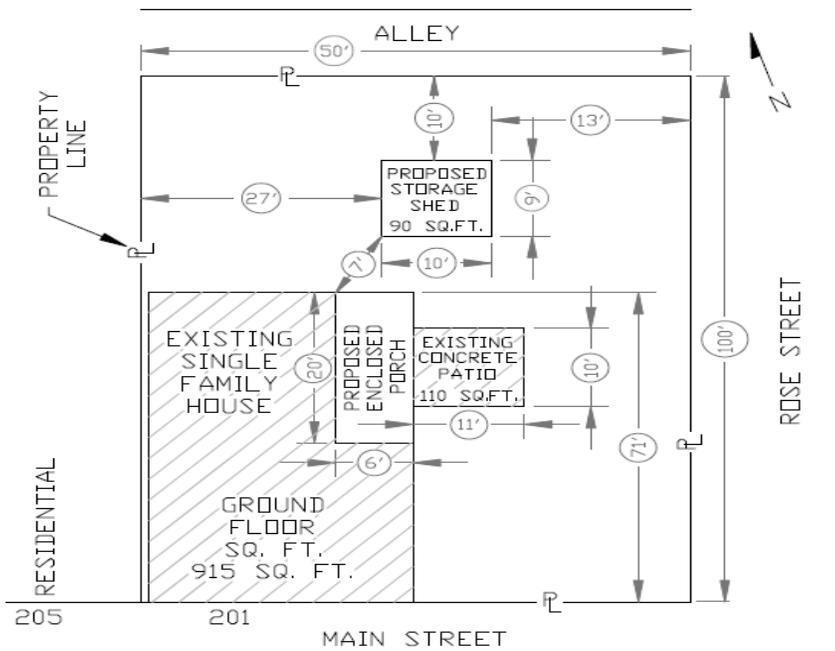
- \_\_\_ 1. Footing, foundation, slab (if applicable)
- \_\_\_ 2. Final completion including anchorage.
3. Other \_\_\_\_\_

**Note:** Owner is responsible for maintaining the setback requirements. Construction work must be inspected in accordance with these instructions. This agency will carry out such inspections during the progress of work as necessary to insure that work performed conforms to the approved plans and all applicable codes. The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified above. Request for inspections must be made at least forty-eight (48) hours prior to the time the inspection is desired. If the work is not completed as scheduled, you must cancel the inspection prior to 9:00 a.m. on the day scheduled. Inspections will be performed within two (2) business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval given. Please call the Building Inspection Office at (610) 250-6724.

**\$50.00 FILING FEE REQUIRED**

\_\_\_\_\_  
*Signature of Owner or Authorized Agent*

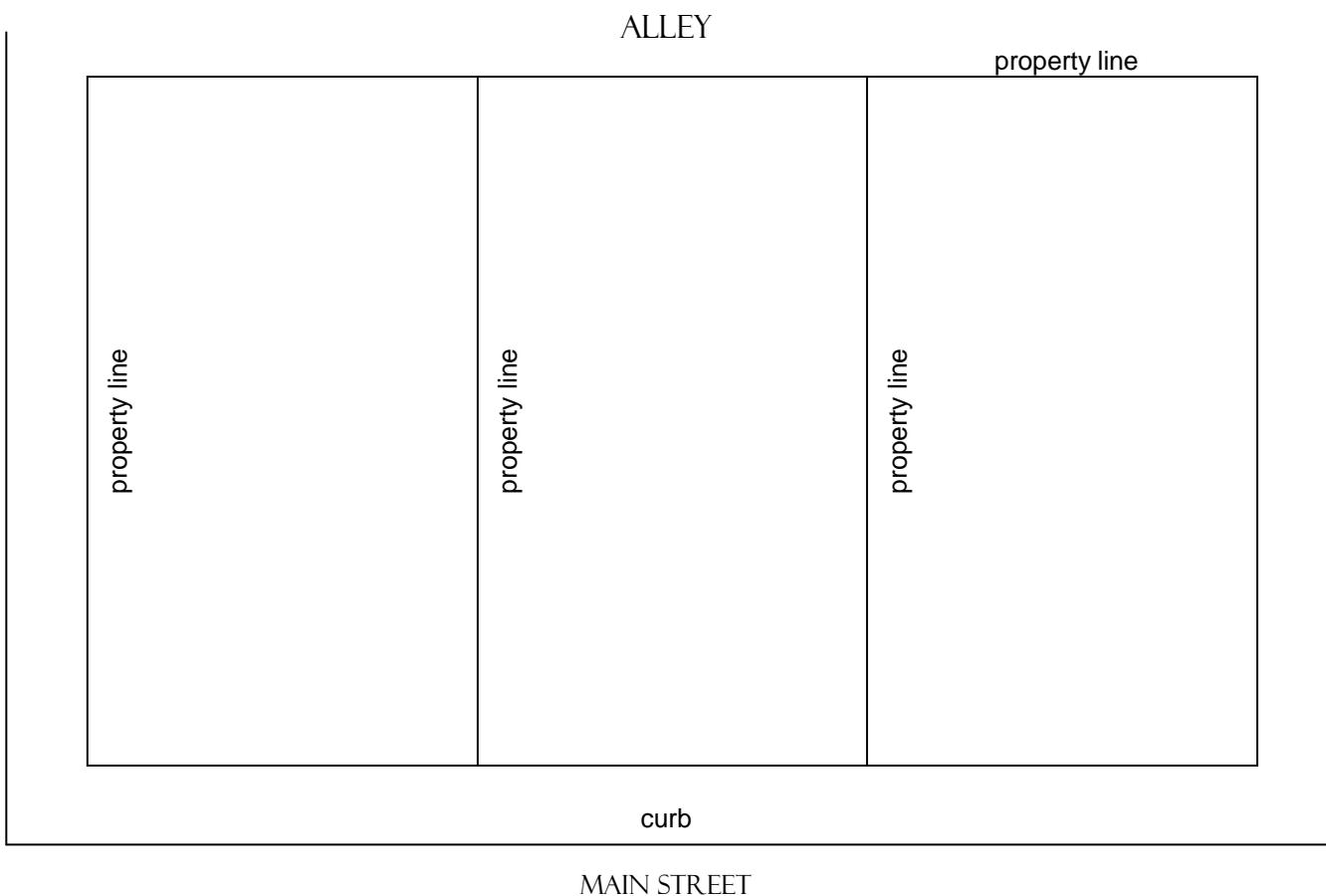
\_\_\_\_\_  
*Date*



**SAMPLE SITE DIAGRAM**

Please remit on separate page or you may use the space provided below.

Use of Principal Bldg:	Acc Structure to be used as:	<b>ZONING USE ONLY</b>
Lot Size: X = sq ft	Existing Imp Coverage: sq ft	
Existing Impervious Surface: %	Proposed Impervious Surface: %	
Setbacks: Front Yard: Left: Right: Rear:		
Height of Proposed Structure:	Size of Proposed Structure: X	
Distance to Other Structures:	Rear Vehicular Access: Yes <input type="checkbox"/> No <input type="checkbox"/>	



DATE REC'D:	DATE REVIEWED:
FEE REC'D:	APPROVED <input type="checkbox"/> DENIED <input type="checkbox"/> REVIEWED BY:
REC'D BY:	COMMENTS:
PERMIT NO:	
ZONING DISTRICT:	