



Heidelberg Township Zoning Office  
 6272 Route 309 ~ Suite A  
 New Tripoli, Pa. 18066  
 610-767-9297 ~ Fax 484-265-0097  
[www.heidelberglehigh.org](http://www.heidelberglehigh.org)

For Office Use
PIN _____
Copies To
Berkheimer _____
Applicant _____
NWLSD _____

### Moving Permit

Date \_\_\_\_\_ Date Moving \_\_\_\_\_  
 Moving: In \_\_\_\_\_ Out \_\_\_\_\_ Within \_\_\_\_\_ Heidelberg Township  
 Phone# \_\_\_\_\_ cell \_\_\_\_\_ email \_\_\_\_\_

**Moving To:**

Street # and Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Own \_\_\_\_\_ Previous Owner \_\_\_\_\_ Rent \_\_\_\_\_ Owner/Landlord \_\_\_\_\_

If mailing address is different than property address, please provide mailing address:

\_\_\_\_\_

**Moving**

From: \_\_\_\_\_  
 Street # and Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Own \_\_\_\_\_ Previous Owner \_\_\_\_\_ Rent \_\_\_\_\_ Owner/Landlord \_\_\_\_\_

Resident #1	M/F	Birth date
Resident #2	M/F	Birth date
Resident #3	M/F	Birth date
Resident #4	M/F	Birth date
Resident #5	M/F	Birth date
Resident #6	M/F	Birth date

\*\*\*Please Include Children Above\*\*\*

Applicants Signature: \_\_\_\_\_ Accepted by: \_\_\_\_\_

The above person or persons or person are aware that Heidelberg Township Ordinance 89-3 provides for the furnishing of false or incorrect information with penalties of up to \$100 plus the cost of prosecution.

Please Return To: Heidelberg Township Zoning Office  
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