

# HONEY BROOK TOWNSHIP

## ELDER COTTAGE HOUSING OPPORTUNITY (ECHO) ANNUAL COMPLIANCE CHECKLIST INSTRUCTIONS

ECHOs are subject to the regulations outlined Section 27-1027 of the Township Code of Ordinances, available on the Township website, [www.honeybrooktp.com](http://www.honeybrooktp.com). If you require a hard copy of these regulations, please contact the Township Administration Office at 610-273-3970.

### **Please submit:**

1. The checklist on page 2 with all the information filled out. It is recommended that you refer to the original or previous year's application to help you fill in the information.
  - a) Property Owner's Name(s): name(s) of the property owners on which the ECHO is located
  - b) Address: of the Property Owners
  - c) Phone Number & E-mail (if there is one): where the property owner can be reached. If there no e-mail, please put "none" in this blank.
  - d) Circle the answer to the question as to whether or not a hearing was required. If no, move on to the next question. If yes, please put the Zoning Hearing number in the blank. If you are unsure, please contact the Township Administration Office at 610-273-3970.
  - e) Zoning District: choose from A, MUC, MUR, NR, or RC. If unsure, please refer to your application or compliance checklist from last year or contact the Township Administration Office.
  - f) Tax Parcel Number (TPN): for the property where the ECHO is located (**NOT** the TPN of the mobile home, if applicable). If unsure, please refer to your application or compliance checklist from last year or contact the Township Administration Office.
  - g) Property size: in acres, of the property where the ECHO is located. If unsure, please refer to your application or compliance checklist from last year or contact the Township Administration Office.
  - h) ECHO street address: site address of the ECHO. This will be different than the property owner's address.
  - i) Name(s) of occupant(s) of the ECHO: please provide the name(s) of the occupants of the ECHO. There shall be no more than two names listed, as per the regulations in Section 27-1027 of the Township Code of Ordinances.
  - j) Relation to Property Owner(s): state the relation of the occupants of the ECHO to the property owners.
  - k) Circle the type of ECHO, the size of the primary dwelling in square feet, and the size of the ECHO in square feet. If unsure, please refer to your application or compliance checklist from last year or contact the Township Administration Office.
  - l) Location of ECHO: please circle the answer that applied.
  - m) If there has been a change in the person(s) residing in the ECHO since last year, please circle "Yes" and explain in the blank provided; otherwise, circle "no".
  - n) If there have been changes to the ECHO since your original application, please circle "Yes" and explain in the blank provided; otherwise, circle "no".
  - o) Sign and date the form. Print your name legibly in the blank below your signature.
2. The fee per the enclosed invoice. This is based on the current year's Fee Schedule. Check may be made payable to "Honey Brook Township." Payment by credit card may be done in person or via the online payment portal (please reference invoice number in comments field).

Please return the checklist (page 2) to either:

- **Honey Brook Township, 500 Suplee Road, Honey Brook, PA 19344 (if paying by check)**
- **[info@honeybrooktp.com](mailto:info@honeybrooktp.com) (if paying by credit card)**

**HONEY BROOK TOWNSHIP  
ANNUAL COMPLIANCE CHECKLIST FOR  
ELDER COTTAGE HOUSING OPPORTUNITY (ECHO)s**

Twp. Use Only  
Date Rec'd: \_\_\_\_\_

☐ Cash ☐ Check (#\_\_\_\_)  
☐ Credit card (attach  
Receipt)

**Instructions:** answer the questions below and return this form along with the renewal fee (checks made payable to):  
Honey Brook Township, 500 Suplee Road, Honey Brook, PA 19344. If paying by credit card, reference the invoice number in  
the comments field.

a) Property Owner Name(s): \_\_\_\_\_

b) Property Owner(s) Address: \_\_\_\_\_

c) Phone: \_\_\_\_\_ Email: \_\_\_\_\_

d) Was a hearing required (circle one)?    Yes        No        If yes, Hearing # \_\_\_\_\_

Zoning District: \_\_\_\_\_ Tax Parcel #: 22-\_\_\_\_\_ Property Size (acres) \_\_\_\_\_

ECHO street address (not for mailing): \_\_\_\_\_

Name(s) of occupant(s) of ECHO: \_\_\_\_\_

Relation to Property Owner(s): \_\_\_\_\_

ECHO is a(n) (circle one):                      Addition                      Mobile/Manufactured Home

Size of Primary Dwelling \_\_\_\_\_ square feet                      Size of ECHO \_\_\_\_\_ sq. ft.

Location of ECHO (circle one):                      Addition                      Side Yard                      Rear Yard

Are there any changes in residency of the ECHO since the original application (circle one)?    Yes        No

If yes, explain: \_\_\_\_\_

Have there been any other changes to the ECHO from what you described in your original application?

(circle) yes / no                      If yes, explain: \_\_\_\_\_

By my signature on this annual compliance checklist, I agree to conform to all requirements of the zoning ordinance,  
Section 27-1027, and regulations of applicable governmental agencies and authorize the zoning officer to inspect the use  
as necessary.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

**Township Office Use Only**

ECHO agreement recording date: \_\_\_\_\_ Holding Tank agreement date: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_ Fee: \_\_\_\_\_

Signature

Print name: \_\_\_\_\_

**Paid by:**

**cash** \_\_\_\_\_

**check #** \_\_\_\_\_

**credit card** \_\_\_\_\_