

ZONING PERMIT APPLICATION

EAST ROCKHILL TOWNSHIP
1622 Ridge Road, Perkasie, PA 18944
215-257-9156 fax 215-257-1299
www.EastRockhillTownship.org
Staff@EastRockhillTownship.org

TAX PARCEL Number: 12-_____

Date: _____

PROPERTY ADDRESS: _____

APPLICANT Name: _____ Phone No.: _____

Address: _____ Fax No.: _____

e-mail: _____

If different than applicant:

OWNER Name: _____ Phone No.: _____

Address: _____ Fax No.: _____

e-mail: _____

Relationship between Applicant & Owner _____

Proposed Use/Construction being applied for: _____ **Zoning District:** _____

New Single Family Dwelling: Sewer: Public * Private *Bucks County Health Department Permit # _____
Water: Public Private

SQUARE FOOTAGE for: Lot: _____sq.ft. Main Bldg.: _____sq.ft. Outbuildings: _____sq.ft.

SETBACKS: Front _____ Side _____ Rear _____ Side _____

ESTIMATED COST of Construction or Alteration: \$ _____

Applicant certifies the attached **PLANS have been SUBMITTED** in duplicate and drawn to scale **INDICATING THE FOLLOWING:**

- € Dimension and shape of lot to be built upon with the exact size and location of all buildings/structures on the lot, if any, and the **location and dimensions** of proposed building, structure or alteration **with front, sides and rear distances to property lines indicated.**
- € Existing and proposed uses, showing number of families, if any, that the building is designed to accommodate.
- € Provisions made for the treatment and disposal of sewage, industrial waste, and water supply and storm drainage.
- € Certificate from Bucks County Board of Health regarding proposed on-site sewage disposal and/or water.
- € Bucks County Conservation District for any earth disturbance of more than 1,000 square feet, 215-345-7577.
- € Appropriate zoning fee according to the current fee schedule.

One copy of the plans shall be returned to the applicant after the Zoning Officer has marked such copy either approved or denied and attested to it by affixing his/her signature. The second copy shall be similarly marked and shall be retained and filed by the Zoning Officer.

The applicant hereby certifies that the statements and data contained herein and attached hereto are true and complete.

Applicant Signature _____ Date _____

REQUIRED Homeowners Signature _____ Date _____

FOR TOWNSHIP USE

Zoning Permit in accordance with the foregoing application is hereby granted, subject to the following restrictions: NONE _____

APPROVED DENIED Zoning Officer _____ Date _____

Fee _____