



ZONING PERMIT APPLICATION

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 for proposed construction: 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 _____

PAID Check No. _____

BUILDING PERMIT APPLICATION

5. BUILDING

IMPROVEMENT TYPE	PROPOSED USE		
<input type="checkbox"/> New Construction <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Repair/Replacement <input type="checkbox"/> Demolition <input type="checkbox"/> Relocation <input type="checkbox"/> Foundation Only <input type="checkbox"/> Change of Use Only	Assembly	Institutional	Other
	<input type="checkbox"/> Theatre	<input type="checkbox"/> Group Home	<input type="checkbox"/> Parking Garage
	<input type="checkbox"/> Night Club	<input type="checkbox"/> Hospital	<input type="checkbox"/> Carport
	<input type="checkbox"/> Restaurant	<input type="checkbox"/> Jail	<input type="checkbox"/> Motor Fuel Service
	<input type="checkbox"/> Church	<input type="checkbox"/> Mercantile	<input type="checkbox"/> Repair Garage
	<input type="checkbox"/> Other Assembly	Residential	<input type="checkbox"/> Public Utility
	<input type="checkbox"/> Business	<input type="checkbox"/> Hotel, Motel	<input type="checkbox"/> HPM
	Educational	<input type="checkbox"/> Multi-Family	
	<input type="checkbox"/> Grades 1-12	<input type="checkbox"/> BOCA Two-Family	
	<input type="checkbox"/> Day Care Facility	<input type="checkbox"/> CABO Two-Family	
Factory	<input type="checkbox"/> BOCA Single Family		
<input type="checkbox"/> Moderate Hazard	<input type="checkbox"/> CABO Single Family		
<input type="checkbox"/> Low Hazard	Storage		
<input type="checkbox"/> High Hazard	<input type="checkbox"/> Moderate Hazard		
	<input type="checkbox"/> Low Hazard		

Structural FRAME			Exterior WALLS		
<input type="checkbox"/> Steel	<input type="checkbox"/> Concrete	<input type="checkbox"/> Other, Identify:	<input type="checkbox"/> Steel	<input type="checkbox"/> Concrete	<input type="checkbox"/> Other, Identify:
<input type="checkbox"/> Masonry	<input type="checkbox"/> Wood		<input type="checkbox"/> Masonry	<input type="checkbox"/> Wood	
Are any structural assemblies fabricated off-site? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Street Frontage (feet)		Stories (number)	Lot Area (sq. feet)		
Front Setback (feet)		Bedrooms (number)	Building Area (sq. feet)		
Rear Setback (feet)		Full Baths (number)	Parking Area (sq. feet)		
Left Setback (feet)		Partial Baths (number)	Living Area (sq. feet)		
Right Setback (feet)		Garages (number)	Basement Area (sq. feet)		
Height Above-Grade (feet)		Windows (number)	Garage Area (sq. feet)		
New Residential Units (number)		Fireplaces (number)	Office/Sales (sq. feet)		
Existing Residential Units (number)		Enclosed Parking (number)	Service (sq. feet)		
Elevators/Escalator (number)		Outside Parking (number)	Manufacturing (sq. feet)		
Estimated Start / /		Estimated Finish / /	Building Est. Value \$		

6. ELECTRICAL

Electrical Work

Yes No

ITEM	NUMBER OF FIXTURES	ITEM	NUMBER OF FIXTURES
Ceiling Outlets		Water Heater	
Switches		Lighting Circuit	
Plug Receptacles		OTHER CIRCUIT	
TOTAL OUTLETS		TOTAL CIRCUITS	
Air Heaters		Motors	
Ranges		Panel Size	
Signs		Range Cond.	
		Sub Feeder Size	
Total Service _____ Amps		Number of Service Outlets: _____ 110V _____ 220V	

ELECTRICAL UNDERWRITING AGENCY:

Code Inspections, 605 Horsham Road, Horsham, PA 19044
215-672-9400

BUILDING PERMIT APPLICATION

7. PLUMBING

Plumbing Work Yes No

Enter the Number of Fixtures Being Installed, Replaced or Repaired			
Tubs/showers		Drinking Fountains	
Shower Stalls		Floor Drains	
Lavatories		Water Heaters	
Toilets		Water Softeners	
Urinals		Sewage Ejectors	
Sinks		Sump Pumps	
Laundry Tubs		Grease Traps	
Dishwashers		Bidets	
Garbage Disposals			
			Total Fixtures
Public Water? <input type="checkbox"/> Yes <input type="checkbox"/> No		Public Sewer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Water Service Size _____ in.		Water Meter Size _____ in.	
		Avg. Daily Water Use _____ GPD	
East Rockhill Township PLUMBING REGISTRATION # _____			

8. MECHANICAL

Mechanical Work Yes No

Enter Number of New or Replacement Units			
Forced Air Furnace		Incinerator	
Unit Heater		Boiler	
Gas/Oil Conversion		Coil Unit	
Space Heater		Window A/C Unit	
Gravity Furnace		Split System A/C	
Solid Fuel Appliance		A/C Compressor	
Type of Heating Oil (check one): <input type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Coal <input type="checkbox"/> Wood <input type="checkbox"/> Other			

TOWNSHIP USE

Total Square Feet _____

Residential Non-Residential
Alteration

\$ _____ up to _____ square feet

plus _____ per square feet thereafter

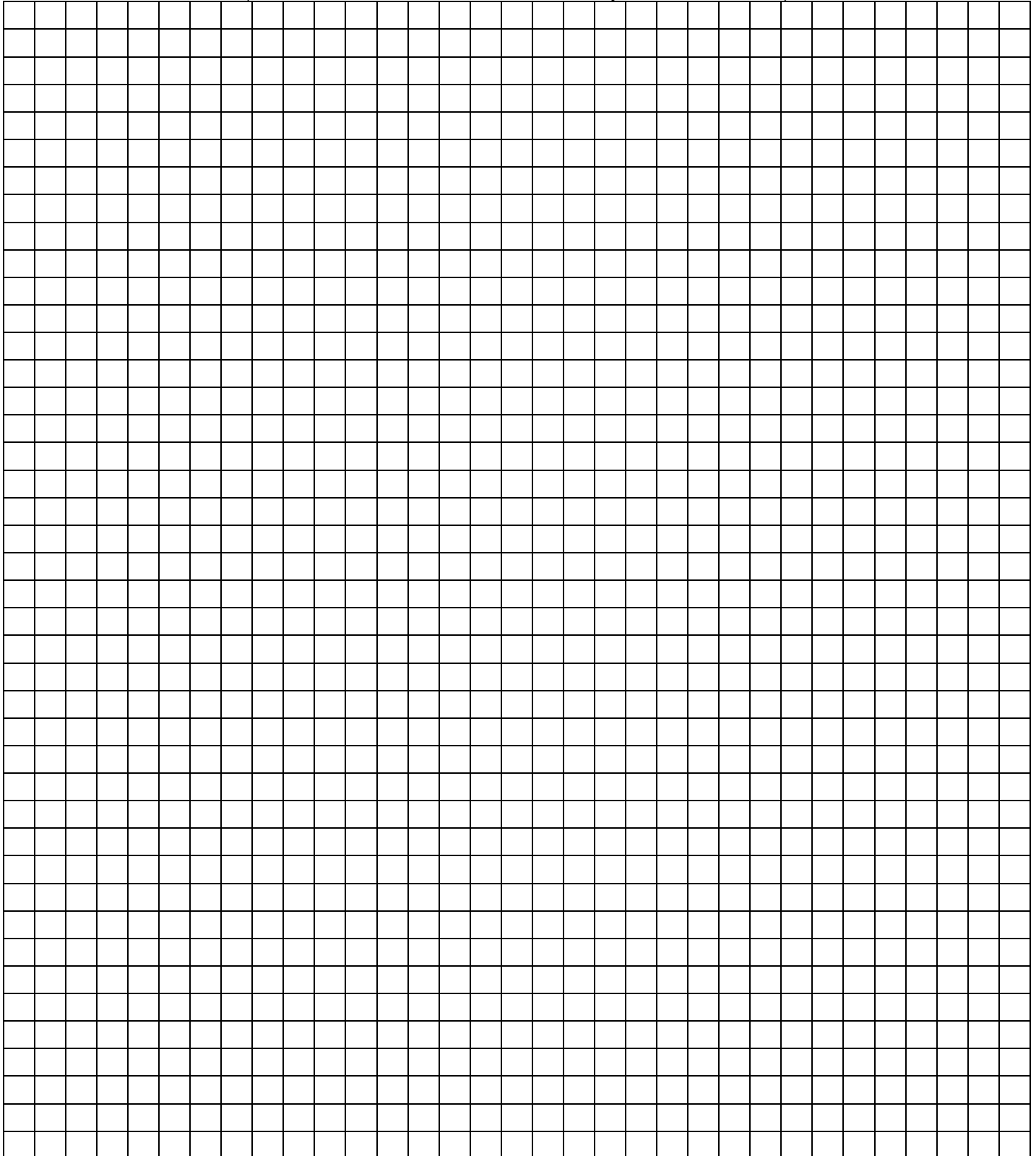
Proposed:

Fees	
Building	
State Fee (Act 45 UC Code)	6.00
Zoning	
Electric	
Plumbing	
Mechanical	
Use & Occupancy	
Sewer	
Plan Review	
Workmen's Comp	
Fireplace	
	ERT Total:
Third Party Electric Fee	

BUILDING PERMIT APPLICATION

SITE PLAN

(Show lot lines, easements and work layout & dimensions)



SCALE = 1 Inch = _____ feet

WORKERS COMPENSATION INSURANCE COVERAGE INFORMATION

A. The applicant is

A contractor within the meaning of the Pennsylvania Workers' Compensation Law

Yes No

If the answer is "yes," complete section B and C below as appropriate.

B. Insurance Information

Name of Applicant_____

Federal or State Employer Identification No._____

Applicant is a qualified self-insurer for workers' compensation.

Certificate Attached

Name of Workers' Compensation Insurer_____

Workers' Compensation Insurance Policy No._____

Certificate Attached

Policy Expiration Date_____

C. Exemption

Complete Section C if the applicant is a contractor claiming exemption from providing workers' compensation insurance.

The undersigned swears or affirms that he/she is not required to provide workers' compensation insurance under the provisions of Pennsylvania's Workers' Compensation Law for one of the following reasons, as indicated:

Contractor with no employees. **Contractor prohibited by law from employing any individual to perform work pursuant to this building permit unless contractor provides proof of insurance to the township.**

Religious exemption under the Workers' Compensation Law.

Signature of Applicant_____
Address_____

County of_____
Municipality of_____