



**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. \_\_\_\_\_