

EAST ROCKHILL TOWNSHIP

1622 North Ridge Road, Perkasie, Pennsylvania 18944
 Phone 215-257-9156 • Fax 215-257-1299

website: www.EastRockhillTownship.org



ZONING PERMIT APPLICATION

TAX PARCEL Number: 12-_____

Date: _____

SITE ADDRESS: _____ City/State: _____

Zoning District:

- | | | | | | |
|-----------------------------|---------------------------|-----------------------------|---------------------|-----------------------------|---------------------|
| <input type="checkbox"/> AP | Agricultural Preservation | <input type="checkbox"/> I1 | Industrial 1 | <input type="checkbox"/> RR | Rural Residential |
| <input type="checkbox"/> CE | Cultural/Educational | <input type="checkbox"/> I2 | Industrial 2 | <input type="checkbox"/> S | Suburban |
| <input type="checkbox"/> CO | Commercial/Office | <input type="checkbox"/> R1 | Residential 1 | <input type="checkbox"/> VC | Village Commercial |
| <input type="checkbox"/> E | Extraction | <input type="checkbox"/> RP | Resource Protection | <input type="checkbox"/> VR | Village Residential |

Present Use of the Property: _____ Lot Size _____ acres

Sewage Disposal: Public Private

Water: Public Private BC Dept of Health Permit # _____

CONTACT INFORMATION:

EQUITABLE OWNER on Record: _____

Email: _____ Phone: _____

Address: _____ City/State/Zip: _____

APPLICANT if different than Owner: _____

Email: _____ Phone: _____

Address: _____ City/State/Zip: _____

PROPOSED CONSTRUCTION OR USE:

Application is hereby made to:

- | | |
|---------------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> Change the Use of the Property | <input type="checkbox"/> Remodel an Existing Structure |
| <input type="checkbox"/> Erect a Structure | <input type="checkbox"/> Other, please explain: _____ |
| <input type="checkbox"/> Add to an Existing Structure | |

Details: _____

Proposed New Use: _____

Setbacks: Front _____ ft. Rear _____ ft. Side _____ ft./_____ ft.

Height: _____ ft. Cost: \$ _____ No. of Bedrooms added _____

Dimensions: _____ Square Footage of Proposed Work: _____

<u>Setbacks</u>		<u>Principal Structure</u>			<u>Sheds</u>	
	<u>Zoning District</u>	<u>Front</u>	<u>Side</u>	<u>Rear</u>	<u>Rear</u>	<u>Side</u>
AP	Agricultural Preservation	50	30	50	12	12
R-1	Residential	50	20	50	5	5
RP	Resource Protection	50	30	50	12	12
RR	Rural Residential	50	30	50	12	12
S	Suburban	50	20	50	5	5

BUILDING & LOT:

Existing square footage: _____sf _____sf _____sf _____%
Main Building Outbuildings Driveway, Sidewalks Impervious Surface

Proposed square footage: _____sf _____sf _____sf _____%
Main Building Outbuildings Driveway, Sidewalks Impervious Surface

Number of off street parking spaces _____ Is any part of your property in a floodplain? Yes No

Are there any easements on the property? Yes No If yes, please describe:

SUBMISSION REQUIREMENTS:

Detailed Plot Plan with the following:

- Plot plan available at www.bucksgis.maps.arcgis.com or send plot plan request to Staff@EastRockhillTownship.org.
- Drawn to scale of entire property.
- Streets adjacent to property.
- All buildings with size dimensions (length & width) within property lines and whether it is existing or proposed. Indicate front, side and rear yard setbacks in feet measurement by showing distance from buildings to property lines on all sides.
- On-lot sewage systems and/or any easements/deed restrictions must be indicated.
- Property owner is responsible for the accuracy of this plot plan.
- Submit in duplicate.

Non-refundable Zoning Fee per the current fee schedule

Certification:

I hereby state the above facts and information and attachments submitted herewith are accurate and complete, acknowledge that any false information contained within this application will be grounds for permit rejection or revocation. The applicant further acknowledges that this is an application only and that the use requested cannot commence upon the property until and unless a Zoning Permit is issued by the Township. I certify that the East Rockhill Zoning and Code Officials are authorized to enter those areas of my property affected by the permit to inspect for compliance with the Zoning Permit and the Pennsylvania Uniform Construction Code.

Signature of Applicant _____
Date

Signature of Owner (Required, if different from Applicant) _____
Date

ADVISORY TO APPLICANT:

Applicant is advised that upon review of a completed application, it may be determined that additional approvals are required prior to final issuance of a Zoning Permit. Those additional approvals may include but are not necessarily limited to:

PennDOT Applications that affect the use of a property that take access from a road under PennDOT jurisdiction may require a PennDOT permit.

PaUCC If the proposal includes construction regulated by the PA Uniform Construction Code, a Building Permit Application is required.

BCCD If the proposed work area involves disturbance of more than 5000 square feet of soil then approval from the Bucks County Conservation District is required. www.bucksccd.org/index.htm

Stormwater If the proposal involves the construction of cumulative area of 1,000 square feet or more of impervious surfaces since the year 2002, a stormwater management plan or review may be required. Impervious surfaces include but are not necessarily limited to: driveway (both asphalt and crushed stone), buildings, some decks, patios, walkways, etc.

Waste Water Certain projects may necessitate the review and approval of the Bucks County Health Department or public water / sewer provider.

Driveway Permit If the proposal involves work within a township right-of-way a Driveway or Road Opening Permit may be required.

Land Development Certain uses may require the submission of a Land Development Application to the Planning Commission and Board of Supervisors.

Other Certain uses may require submission to the Planning Commission, Zoning Hearing Board or other Boards, Commissions or Agencies.

DEFINITIONS:

Alteration – as applied to a building or structure, a change or re-arrangement in the structural parts or an enlargement or diminution.

Building Height – The vertical distance from the average elevation of the finished grade at the front two corners of the building to the top of the highest roof beams on a flat or shed roof, to the deck level on a mansard roof, and the average distance between the eaves and the ridge level for gable, hip, and gambrel roofs.

Easement – A grant of the use of a parcel of land for the use by the public, a corporation or a person for a specified purpose.

Impervious Surface – Impervious surfaces are those surfaces which do not absorb rain. All buildings, parking areas, driveways, roads, sidewalks and any areas in concrete asphalt and packed stone shall be considered impervious surfaces within this definition. In addition, other areas determined by the Township Engineer to be impervious within the meaning of this definition will also be classified as impervious surfaces.

Impervious Surface Ratio – The impervious surface ratio is measured by dividing the total area of all impervious surfaces within the site by the net buildable site area.

Lot line – any boundary line of a lot.

FOR TOWNSHIP USE

Zoning Officer Review:

APPROVED DENIED Zoning Officer _____ Date _____

PAID Amount _____ Check No. _____

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BUILDING PERMIT APPLICATION

Application Date: _____

1. PROPERTY INFORMATION

Street, City, Zip		Bucks County Tax Parcel Number	
Subdivision	Lot Number	Parcel Type <input type="checkbox"/> Residential (R) <input type="checkbox"/> Industrial (I) <input type="checkbox"/> Commercial (C) <input type="checkbox"/> Other (O)	

2. OWNER INFORMATION

First & Last Name	Business Name	Phone
Street, City, Zip		Email

3. APPLICANT INFORMATION if not the owner

First & Last Name	Business Name	Phone
Street, City, Zip		Email

4. CONTRACTORS INFORMATION

	NAME OF CONTRACTOR	STREET, CITY, ZIP	PHONE NO.
Architect / Engineer			
General Contractor			
Excavation			
Concrete			
Carpentry			
Electrical			
Plumbing			
Sewer			
Mechanical			
Roofing			
Masonry			
Drywall or Lathing			
Sprinkler			
Paving			
Fire Alarm			

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 <input type="checkbox"/> Theatre <input type="checkbox"/> Night Club <input type="checkbox"/> Restaurant <input type="checkbox"/> Church <input type="checkbox"/> Other Assembly	Institutional <input type="checkbox"/> Group Home <input type="checkbox"/> Hospital <input type="checkbox"/> Jail	Storage <input type="checkbox"/> Moderate Hazard <input type="checkbox"/> Low Hazard	Other <input type="checkbox"/> Parking Garage <input type="checkbox"/> Carport <input type="checkbox"/> Motor Fuel Service <input type="checkbox"/> Repair Garage <input type="checkbox"/> Public Utility <input type="checkbox"/> HPM <input type="checkbox"/> Mercantile <input type="checkbox"/> High Hazard
	<input type="checkbox"/> Business <input type="checkbox"/> Agricultural <input type="checkbox"/> Educational	Residential <input type="checkbox"/> Single-Family <input type="checkbox"/> Hotel, Motel <input type="checkbox"/> Multi-Family <input type="checkbox"/> Two-Family	<input type="checkbox"/> Moderate Hazard <input type="checkbox"/> Low Hazard	

BUILDING cont'd

Structural FRAME		Exterior WALLS	
<input type="checkbox"/> Steel	<input type="checkbox"/> Concrete	<input type="checkbox"/> Other, Identify:	
<input type="checkbox"/> Masonry	<input type="checkbox"/> Wood	<input type="checkbox"/> Steel	<input type="checkbox"/> Concrete
		<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 Date _____	Estimated Finish Date _____	Building Est. Value \$ _____	

6. ELECTRICAL 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 INSPECTIONS: Code Inspections, 605 Horsham Road, Horsham, PA 19044, ph: 215-672-9400

7. PLUMBING 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			
Sewer Lateral Connection			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 Yes No

Enter Number of New or Replacement Units					
Forced Air Furnace		Incinerator		Air Handling Unit	
Unit Heater		Boiler		Heat Pump	
Gas/Oil Conversion		Coil Unit		Air Cleaner	
Space Heater		Window A/C Unit		Kitchen Exhaust Hood	
Gravity Furnace		Split System A/C		Hazardous Exhaust System	
Solid Fuel Appliance		A/C Compressor		Electric Furnace	
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 _____					

9. CERTIFICATION

I hereby certify that I am the owner of record of the named property or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his/her authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the code official or the code official's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provision of the code(s) applicable to such permit.

Applicant Signature: _____ Owner Signature (required): _____

TOWNSHIP USE ONLY

Residential Non-Residential

Cost Per Square Foot Calculation:

Total Sq Ft _____
 Minus Sq Ft - _____
 Total Sq Ft _____
 Cost X \$ _____/sq ft
Subtotal \$ _____
 Base Fee + \$ _____
TOTAL COST: \$ _____

Use: _____

Type: _____

Size: _____ L x _____ W x _____ H (# of Stories _____)

Basement Walls or Foundation: _____

Remarks: _____

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

Signature below indicates approval of Building Permit:
 Approved by: _____
 Date: _____

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 _____