

ZONING PERMIT APPLICATION

TINICUM TOWNSHIP
 BUILDING & ZONING DEPARTMENT
 163 MUNICIPAL ROAD
 PIPERSVILLE, PA 18947
 610-294-8076 FAX: 610-294-9889
WWW.TINICUMTOWNSHIP.ORG



ZONING PERMIT #		Parcel # 44-	
Property Location:			
Zoning Classification:		Acres:	
Application Review Fee:		Check #	Date Paid:
Permit Fee:		Check #	Date Paid:
UCC State Fee:		Check #	Date Paid:

Part 1: GENERAL INFORMATION (SUBMIT 2 SETS OF PLANS AND CONSTRUCTION DOCUMENTS)

Property Owner	Name		Primary Contact <input type="checkbox"/> Yes <input type="checkbox"/> No
	Address		
	City	State Zip	
	Contact Phone#	Email	
Applicant <i>(If other than owner)</i>	Name		Primary Contact <input type="checkbox"/> Yes <input type="checkbox"/> No
	Address		
	City	State Zip	
	Contact Phone#	Email	

Part 2: DESCRIPTION OF PROPOSED PROJECT

Proposed Project:	
Type of Work: <input type="checkbox"/> New Single Family <input type="checkbox"/> New Duplex/Townhouse <input type="checkbox"/> Multifamily <input type="checkbox"/> Mobile Home <input type="checkbox"/> Commercial <input type="checkbox"/> Addition <input type="checkbox"/> Deck <input type="checkbox"/> Demo <input type="checkbox"/> Garage <input type="checkbox"/> Patio <input type="checkbox"/> Pool <input type="checkbox"/> Shed <input type="checkbox"/> Other:	
If applicable, Demo Waster Hauler Name & Contact #:	
Estimated Start Date:	Estimated Completion Date:
If a business, will any hazardous chemicals be used to conduct the business? <input type="checkbox"/> No <input type="checkbox"/> Yes, list:	

Part 3: PROPERTY DESCRIPTION

Impervious Surface: Existing: _____ Sq. Ft. _____ %
Proposed: _____ Sq. Ft. _____ %
Total: _____ Sq. Ft. _____ %

1 acre = 43,560 square feet

Check All Overlays & Restrictions That Apply:

- Critical Biodiversity Area Critical Recharge Delaware Wild & Scenic Farmland/Ag Soils Flood Plain Riparian Buffer
- Scenic Resources Steep Slopes Wetlands Woodlands Watershed Conservation Easements Deed Restrictions Other

Zoning Classifications:

- Commercial (C) Controlled Commercial (CC) Country Residential (CR) Extraction (E) Limited Commercial (LC)
- Planned Industrial (PI) Residential Agriculture (RA) Residential Conservation (RC) Village Center (VC)
- Village Residential (VR)

Part 4: REQUIRED ATTACHMENTS

- 2 Copies of site layout drawn to scale indicating the following:
 - Actual dimensions, shape and boundaries of lot
 - Location, dimensions and square footage of proposed and existing structures
 - Set-back distances from lot lines and street lines
 - Location of well and septic
 - Location of creeks, ponds, wetlands, forests, slopes and any other applicable features
- Copy of Deed
- If property is subject to Deed Restrictions, attach copy of the Deed or document containing restrictions
- If property is subject to Conservation Easement, attach copy and letter of approval from easement holder
- Bucks County Dept. of Health Permit, if required for project
- \$100 check made out to "Tinicum Township" for Application Review

Part 5: GENERAL PROVISIONS (Applicant/Owner Acknowledgement)

Please initial and acknowledge the following:

_____ No work of any kind may start until all necessary permits are issued.

_____ I am required to complete the work within 1 year of the date specified on the actual Permit. If I fail to complete this work by the time specified, it is my responsibility to notify the Township and apply for a written extension.

_____ I give consent to the Local Administrator or his/her representative making any necessary inspections required to determine and/or verify compliance.

_____ A certificate of approval issued by the Bucks County Dept. of Health is required prior to the issuance of permit for any new use or construction involving the on-site disposal of sewage or waste or a change in use or alteration resulting in an increased volume of sewage or waste to be disposed of on the site.

_____ I certify that all statements herein and in attachments to this application are, to the best of my knowledge, true and accurate. I agree to abide by all rules and regulations contained in the Tinicum Township Zoning Ordinance and understand that my permit may be revoked if any false statements are made herein. ____ I certify that I am authorized to make this application on behalf of the property owner.

Signature of Applicant _____
Date

Signature of Owner _____
Date

FOR OFFICE USE ONLY:

ZONING APPROVED:

Date: _____

ZONING APPLICATION DENIED: _____ **Date:** _____

COMMENTS/CONDITIONS:

Other Permits Required: Driveway Well Grading (1,000 ft. disturbance) Stormwater Management
Septic

Other Approvals Required: Building Inspector Public Works Director Engineer BC DOH
