

TINICUM TOWNSHIP
163 Municipal Rd.
Pipersville, PA 18947
610-294-8076
Application for Zoning Permit

- 1. Applicants Name: _____
mailing address: _____
phone _____
- 2. Property owner's name: _____
mailing address: _____
phone _____
- 3. Relationship between applicant and owner (if not the same): _____
(applicant is purchaser under agreement of sale* or tenant* or agent of owner*, etc....)
- 4. Tax map number: 44-_____
- 5. Attach copy of deed.
- 6. Street Address of property: _____
- 7. Zoning classification of property _____ of adjoining property _____
- 8. Percentage of land presently covered or to be covered by buildings: _____
- 9. Construction is: NEW CONSTRUCTION _____ ALTERATION _____ ADDITION TO EXISTING BLDG. _____ OTHER _____
- 10. Type of construction material: _____
- 11. Estimated start date _____ Estimated date of completion _____
- 12. Proposed use of building or land: _____

- 13. Estimated cost of construction or alteration: \$_____
- 14. Attach site layout drawn to scale indicating the following:
A. Actual dimensions and shape of lot
B. Location dimensions and height of proposed buildings, structures, etc. and any existing building in relation to property and street lines.
- 15. Does this property contain flood plain? _____
- 16. Does this property contain wetlands? _____
- 17. Does this property contain protected environmental resources such as steep slopes, forested areas, or bodies of water? _____ If so, list: _____
- 18. Is property subject to deed restrictions? _____ If so, list: _____

- 19. If a dwelling, has a road encroachment permit been obtained? _____

20. If a business, will any hazardous chemicals be used to conduct the business? _____

If yes, list and supply MSDS _____

21. Health Department Permit: _____

If surveyors plan is not attached please draw on attached 8 1/2" x 11" sheet.

Builder must provide a written warranty to the homeowner certifying that the home is in compliance with ACT 222 of 1980 which sets minimal energy conservation standards.

No permit for any new use or construction which will involve the on-site disposal of sewage or waste and no permit for a change in use or alteration which will result in an increased volume of sewage or waste to be disposed of on the site shall be issued until a certificate of approval has been issued by the Bucks County Department of Health.

There is a thirty (30) day appeal period for issuance of a permit. If you commence construction during this thirty (30) day period, it is at your own risk.

This permit is issued only for the purpose applied for on page one, and may not be occupied for this purpose until an Occupancy Permit has been granted. Any alteration or change would require additional Zoning Permits.

Applicant hereby authorize members of Township Boards, staff and representatives to enter the lands proposed for site inspections, if necessary.

Applicant hereby certifies the foregoing statements and data to be true and complete and if approved, agrees to abide by all rules and regulations contained in the Tincum Township Zoning Ordinance.

Signature of Applicant: _____

Date: _____

<p>Zoning Application approved, and permit granted to begin construction. Permit # _____</p> <p style="text-align: center;">Zoning Officer _____</p> <p style="text-align: center;">Date _____</p> <p>Fee \$ _____</p>
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<p>Zoning Application Denied _____</p> <p style="text-align: center;">Zoning Officer _____</p> <p style="text-align: center;">Date _____</p>
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Comments: _____

NOTE* This form does not constitute a permit unless approved and signed by the Tincum Township Zoning Officer or other authorized Township Official.

Manager's Review _____ Well Depth _____ Yield, GPM _____ Setbacks Checked _____