



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

**ZONING PERMIT
 APPLICATION**

Tax Parcel # - 44- _____

Date - _____

Section 1: Contact Information

Property Owner	Name		Primary Contact
	Address		
	Home Phone	Mobile	
	Email		
Applicant	Name & Relationship to Owner		Primary Contact
	Address		
	Home Phone	Mobile	
	Email		

Section 2: General Provisions (Applicant / Owner acknowledgement):

I acknowledge that:

1. No work of any kind may start until all necessary permits are issued.
2. If revoked, all work must cease until permit is re-issued.
3. No permit for any new use or construction which involves disposal of sewage or waste shall be issued until a certificate of approval has been issued by the Bucks County Health Department.
4. No use applied for under this permit may begin until a Certificate of Compliance is issued.
5. My permit will expire if no work is commenced within six months or completed within twelve months of issuance of this permit unless an extension is granted, in writing, by the Local Administrator.
6. I give consent to the Local Administrator or his/her representative to make any necessary inspections to determine and/or verify compliance.
7. There is a thirty (30) day appeal period for issuance of a permit. If I commence construction during this thirty (30) day period, it is at my own risk.
8. I certify that all statements along with the attachments to this application are, to the best of my knowledge, true and accurate. I agree to abide by all regulations in the Tinicum Township Zoning Ordinance and understand that my permit may be revoked if any false statements are made herein.
9. I certify that I am authorized to make this application on the owner's behalf.

 Signature of Applicant

 Date

 Signature of Owner

 Date

Section 3: Description of Proposed Work (Fill in all applicable):

Physical Address of property: _____

Zoning classification of property: _____ of adjoining property: _____

Impervious Surface:	Existing:	_____ Acres	_____ %
	Proposed:	_____ Acres	_____ %
	Total:	_____ Acres	_____ %

Type of Work: _____ New _____ Addition _____ Alteration _____ Repair

Type of construction material: _____

Method of construction debris disposal: _____

Waste Hauler and contact # _____

Estimated start date: _____ Estimated completion date: _____

Proposed use of building or land: _____

Estimated cost of construction or alteration: \$ _____

Does this property contain flood plain? _____ Does this property contain wetlands? _____

Does this property contain protected environmental resources i.e. Steep Slopes, Forested areas or bodies of water?

If yes, list: _____

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

If a business, will any hazardous chemicals be used to conduct the business? _____ If yes, list: _____

Health Department Permit: _____

Section 4: Required Attachments:

Site layout drawn to scale indicating the following:

- Actual dimensions and shape of lot
- Location dimensions and height of proposed buildings, structures, etc. and any existing building in relation to property and street lines. Also include well and septic.

Copy of Deed

Is property subject to deed restrictions? _____ If so, attach a copy of Deed or document containing restrictions.

Is the property subject to a conservation easement? _____ If so, attach a copy of the Conservation Easement and letter of approval from applicable easement holder.

Approved by: _____ Date: _____

Permit # _____ Fee: \$ _____

Zoning Application Denied: _____

Comments: _____