

**TINICUM TOWNSHIP  
USE PERMIT APPLICATION**

TAX PARCEL NO. \_\_\_\_\_

DATE: \_\_\_\_\_ NAME OF APPLICANT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

NAME OF OWNER OF RECORD: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

USE APPLIED FOR (Describe fully, referring to Tincum Township Zoning Ordinance):

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Description of property and its location with plans and supporting information (Attach plot plan):

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Fees shall be in accordance with the current year fee schedule adopted by Resolution of the Board of Supervisors.

The fee for processing of Zoning Use Permit Applications for those uses established by the Zoning Ordinance which require review by the Township Planning Commission and Board of Supervisors is \$250.00 or as stated on the current Tincum Township adopted fee schedule.

The filing fee shall be used to pay Tincum Township's expenses in regard to said application. The applicant shall agree in writing to pay said costs if said costs exceed the filing fee. The filing fee is not refundable.

I, \_\_\_\_\_, hereby acknowledge that I have read the above Resolution, and I hereby agree to its terms.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Owner of Record

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 use/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. Any alteration or change would require additional Zoning/Use Permits.

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: \_\_\_\_\_

Zoning Application approved and permit granted to begin Use	Permit # _____
Zoning Officer _____	Date _____
Fee \$ _____	

Zoning Application Denied.	
Zoning Officer _____	Date _____

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 \_\_\_\_\_ Setbacks Checked \_\_\_\_\_