

# BED & BREAKFAST PERMIT APPLICATION

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



<b>Permit #:</b>	<b>Zoning Permit Fee:</b>	
<b>Property Address:</b>	<b>\$50 App Review Fee Rcvd:</b>	-
<b>Parcel # 44-</b>	<b>Total Fee Due:</b>	

<b>Property Owner</b>	Name	Email	
	Address		
	City	State	Zip
	Phone#	<b>EMERGENCY PHONE</b> (24 hours a day and 7 days a week)	
<b>Innkeeper (if other than owner)</b>	Name	Email	
	Address		
	City	State	Zip
	Phone#	<b>EMERGENCY PHONE</b> (Must be available 24 hours a day and 7 days a week)	
<b>Address of B&amp;B</b>	Trade Name of Establishment	State Sales Tax Number:	
	Address		
	City	State	Zip
	Phone#	<b>EMERGENCY PHONE</b> (24 hours a day and 7 days a week)	

### REQUIRED INFORMATION and ATTACHMENTS (MUST be submitted with the application)

- Zoning \_\_\_\_\_ and Lot Size \_\_\_\_\_. The minimum lot size for the Bed & Breakfast use for the first 2 guest rooms is 3 acres for Residential Conservation (RC) and Residential Agriculture (RA); 1½ acres for Country Residential (CR); 1 acre for Village Residential (VR) and Village Center (VC); and 1 additional acre for each 2 additional guest rooms.
- Number of guest rooms (not to exceed 6 guest rooms): \_\_\_\_\_
- Number of bathrooms (minimum of 1 bathroom for 2 guestrooms): \_\_\_\_\_
- Number of Parking Spaces: \_\_\_\_\_ Include site plan.
- Attach list of employees. Use is restricted to members of the immediate family, who must reside on the premises. Non-resident employees are limited to two, in addition to the resident members of the family.
- Attach sign design and dimensions (Limited to 1 sign not to exceed 6 square ft.) and sign permit application.
- Attach copy of the deed.
- Copy of documentation from the Bucks County Dept. of Health that Septic system is adequate for proposed B&B use.
- Name of person responsible for B&B and 24-hour/7 days a week contact number has been provided above.

Owner/Auth. Agent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**General Summary of Bed and Breakfast Use Conditions:**

Bed & Breakfast (B&B) Use includes any short-term rental of residential structure, or part thereof, whether through such services as AirBnB, bedandbreakfast.com, etc., or independently by the property owner. The maximum, uninterrupted length of stay at a B&B cannot exceed 14 consecutive calendar days. It does not include permitted longer-term rental use or housing leases where the property becomes the renter’s home address. If you have questions concerning your applicability, contact the Tincum Township Zoning Officer at 610 294-8076.

**Please initial that you have read and acknowledge the following:**

- \_\_\_\_\_ The maximum, uninterrupted length of stay at a B&B cannot exceed 14 consecutive calendar days. Rentals exceeding 14 days but less than 30 consecutive days require a Short-Term Rental (Transient Use) Permit.
- \_\_\_\_\_ No more than 6 guest rooms may be provided. No more than 2 adults and 2 children may occupy one guest room.
- \_\_\_\_\_ 1 off-street parking space shall be provided for each guest room, plus 1 space for each employee and 2 spaces for the owners of the property. The off-street parking spaces shall be located either to the rear of the main dwelling or screened from the roadway and adjoining properties by fencing or natural vegetation.
- \_\_\_\_\_ At least 1 bathroom must be provided for each 2 guest rooms.
- \_\_\_\_\_ Visible exterior advertising is limited to a single sign not to exceed 6 square feet.
- \_\_\_\_\_ Food served to guests on the premises shall be limited to breakfast only. No separate kitchen or cooking facilities are allowed in any guest room.
- \_\_\_\_\_ The use is limited to members of the immediate family, who must reside on the premises. Non-resident employees are limited to two, in addition to the resident members of the family.
- \_\_\_\_\_ List the name, address and phone number(s) of a designated contact person who will address any problems that may occur with the B&B. This person must be available 24 hours a day when guests are present. The person must be ready to immediately address complaints from the guests, neighbors, and the Township. The information provided will be public.
- \_\_\_\_\_ The 24-hour, 7-day phone number of the person responsible for the B&B must be provided to the adjacent property owners, including those properties immediately abutting the property and those immediately across the any public or private street.
- \_\_\_\_\_ Upon receiving a complaint, the applicant shall respond in a timely manner within 2 hours of the time the initial call was made, and within 24 hours of the initial call use “best efforts” to prevent the recurrence of such conduct and to take corrective action to address any violation. Applicant will use “best efforts” to ensure that guests do not create unreasonable noise or disturbances, engage in disorderly conduct, or violate provisions of the Tincum Township Zoning Ordinance or any applicable laws.
- \_\_\_\_\_ The use may not be established until there is compliance with all Township rules and regulations. In each case, the Township Zoning Officer shall make certain that a Certificate of Approval has been obtained from the Bucks County Dept. of Health and the PA Dept. of Labor and Industry. Any false statements or information provided in the application are ground for revocation and/or imposition of penalties.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Innkeeper

\_\_\_\_\_  
Date

**FOR OFFICE USE ONLY:**

**PERMIT CONDITIONS:**

**ZONING APPROVED:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Fee:** \_\_\_\_\_

After your application has been received, the Zoning Officer will review your application and contact you to arrange an inspection to ensure smoke detectors, carbon monoxide detectors, and fire extinguishers are in compliance.

Township Code Enforcement Officer’s confirmation of working smoke detectors, carbon monoxide detectors and fire extinguishers.

Inspection Date: \_\_\_\_\_  Pass  Fail Signature: \_\_\_\_\_

Re-inspection Date: \_\_\_\_\_  Pass  Fail Signature: \_\_\_\_\_