

# ZONING PERMIT APPLICATION

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

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

<b>Property Owner</b>	Name		<b>Primary Contact</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
	Address		
	City	State Zip	
	Contact Phone#	Email	
<b>Applicant</b> <i>(If other than owner)</i>	Name		<b>Primary Contact</b> <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:**  New Single Family  New Duplex/Townhouse  Multifamily  Mobile Home  Commercial  
 Addition  Deck  Demo  Garage  Patio  Pool  Shed  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?**  No  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
- \$50 non-refundable check made out to "Tinicum Township" for Initial 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