



TOWNSHIP OF WARWICK
 1733 Township Greene
 Jamison, PA 18929-1621
 Phone: 215/343-6100
 website: www.Warwick-Bucks.org

For Warwick Township Use Only

Received by:

COMMERCIAL PERMIT

Check #:

Check Amount:

PA Contractor's Registration #

I. LOCATION OF BUILDING

No.	Street	City	Zoning District
Subdivision	Lot	Lot Size	

II. TYPE OF COST OF BUILDING – All applicants complete Parts A - D

A. TYPE OF IMPROVEMENT

- 1. New Building
- 2. Addition (if residential, enter number of new housing units added, if any in part D, 13)
- 3. Alteration (See 2, above)
- 4. Repair/Replacement
- 5. Demolition (if multi-family residential, enter number of units in building Part D, 13)
- 6. Moving (relocation)
- 7. Foundation only

B. OWNERSHIP

- 8. Private (individual, corporation, nonprofit, etc.)
- 9. Public (Federal, State or Local Government)

C. COST

- Omit cents*
10. Cost of improvement.....\$ _____
To be installed, but not included in the above cost
- a. Electrical.....
 - b. Plumbing.....
 - c. Heating, air conditioning.....
 - d. Other (elevator, etc.).....
11. Total Cost of Improvement.....\$ _____

D. PROPOSED USE – for “demolition”, most recent use

Residential	Non-Residential
12. <input type="checkbox"/> One family	18. <input type="checkbox"/> Amusement, recreational
13. <input type="checkbox"/> Two or more family – Enter number of units _____	19. <input type="checkbox"/> Church, other religious
14. <input type="checkbox"/> Transient hotel, motel, or dormitory – Enter number of units _____	20. <input type="checkbox"/> Industrial
15. <input type="checkbox"/> Garage	21. <input type="checkbox"/> Parking garage
16. <input type="checkbox"/> Carport	22. <input type="checkbox"/> Service station, repair garage
17. <input type="checkbox"/> Other – Specify _____	23. <input type="checkbox"/> Hospital, institutional
	24. <input type="checkbox"/> Office, bank, professional
	25. <input type="checkbox"/> Public utility
	26. <input type="checkbox"/> School, library, other Educational
	27. <input type="checkbox"/> Stores, mercantile
	28. <input type="checkbox"/> Tanks, towers
	29. <input type="checkbox"/> Other - specify _____

Non-residential – Describe in detail the proposed use of the building(s), e.g., food processing plant, machine shop, laundry building at hospital, elementary school, secondary school, college, parochial school, parking garage for department store, rental office building, office building at industrial plant. If use of existing building is being changed, enter proposed use. _____

E. PRINCIPAL TYPE OF CONSTRUCTION (Check one)

- 30. Type I (A/B)
- 31. Type II (A/B)
- 32. Type III (A/B)
- 33. Type IV
- 34. Type V (A/B)

G. TYPE OF SEWAGE DISPOSAL

- 40. Public or private company
- 41. Private (septic tank, etc.)

H. TYPE OF WATER SUPPLY

- 42. Public or private company
- 43. Private (well, cistern)

J. DIMENSIONS

- 48. # of stories.....
- 49. Total square feet of floor area, all floors, based on exterior dimensions.....
- 50. Total Land area, sq. ft.....

F. PRINCIPAL TYPE OF HEATING FUEL

- 35. Gas
- 36. Oil
- 37. Electricity
- 38. Coal
- 39. Other – Specify: _____

I. TYPE OF MECHANICAL

- Will there be central air conditioning?
44. Yes 45. No
- Will there be an elevator?
46. Yes 47. No

K. NUMBER OF OFF-STREET PARKING SPACES

- 51. Enclosed
- 52. Outdoors.....

L. RESIDENTIAL BUILDINGS ONLY

- 53. # of bedrooms.....
- 54. Number of bathrooms Full.....

		Partial.....	
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PERMIT NO. _____ **STREET** _____ **TMP NO.** _____

III. PLUMBING PERMIT APPLICATION Contractor _____ Registration No. _____

ENTER THE NUMBER OF FIXTURES BEING INSTALLED, REPLACED OR REPAIRED			
Tubs/showers		Drinking Fountains	Back Flow Preventers
Shower Stalls		Floor Drains	Water Pumps
Lavatories		Water heaters	Sewers
Toilets		Water Softeners	Gas Piping
Urinals		Sewage Ejectors	Swimming Pools
Sinks		Sump Pumps	Standpipes (Y/N) (Number Hose Outlets)
Laundry Tubs		Grease Traps	Fire Sprinklers (Y/N) (Number of Heads)
Dishwashers		Bidets	Lawn Sprinklers (Y/N) (Number of Heads)
Water Service Size _____ in.		Water meter size _____ in.	

IV. MECHANICAL PERMIT APPLICATION Contractor _____ Registration No. _____

ENTER NUMBER OF NEW OR REPLACEMENT UNITS			
Forced Air Furnace		Incinerator	Air Handling Unit
Unit Heater		Boiler	Heat Pump
Gas/Oil Conversion		Coil Unit	Air Cleaner
Space Heater		Window A/C Unit	Kitchen Exhaust Hood/ Ansul System
Gravity Furnace		Split System A/C	Hazardous Exhaust System
Solid Fuel Appliance		A/C Compressor	Electric Furnace

Type of Heating Fuel (check one) Gas Oil Electric Coal Wood Other

V. ELECTRICAL PERMIT APPLICATION Contractor _____ Registration No. _____

LIST ALL WIRING AND EQUIPMENT AND PROVIDE NECESSARY DATA						Size	Quantity
	TYPE OF WORK	FEE		TYPE OF WORK	FEE		
	Switching Outlets			Bonding, Pool/Vault		Motors	
	Lighting Outlets			Service/Feeders		Generators	
	Receptacle Outlets			H.V.A.C. Equipment		Compressors	
	Range/Oven			Switching Devices			
	Dryer, Electric			Transformers			
	Water Heater, electric			Alarm Devices			
	Heat Detectors			Annunciator Panel			
	Smoke Detectors			Other			

BRIEF EXPLANATION OF WORK TO BE DONE AND MATERIALS TO BE USED

ADDITIONAL REQUIRED INFORMATION

Accompanying this Zoning Application for all new residential and non-residential construction requires the following additional data:

- a. Certification by a surveyor attesting to the fact that the first floor elevation of the structure is equal to or higher than the contour shown on the grading plan for the development or individual building lot. The first floor elevation shall be set in a proper relationship to the existing elevations on the surrounding lots.
- b. Location of residential, commercial and industrial driveways or other access routes to the property from abutting roadways.
- c. Easements and rights-of-way, if any, and the plan for disposing of storm water run-off whether generated by the improvements themselves, or by water passing through the property from other sources.

AS-BUILT PLANS: Prior to the issuance of a Certification of Use and Occupancy, and as a condition for all new residential and non-residential construction (except for additions and accessory buildings on residential lots) an "As-Built" survey with all details established on the Plot Plan shall be filed with the Township Zoning Officer on the Zoning Permit as a condition of approval.

Attached to this Application must be the following information:

- a. A site plan, drawn at a scale of 1 inch – 20 ft, 30 ft, 40 ft or 50 ft;
- b. The site plan should depict the location of all existing structures;
- c. North arrow, date and signature of individual responsible for the plan;
- d. The setback distances between building and property lines and streets must be shown from all sides of the proposed structure and/or accessory use;
- e. Location of all drainage and utility easements and street right-of-way;
- f. Location, site arrangement and capacity of areas to be used for motor vehicle access, off-street parking and provisions to be made for lighting such areas, if applicable.
- g. The location, dimensions and arrangement of open spaces, yards and buffer yards (including methods to be employed for screening where applicable);
- h. For construction or additions or changes in use which will involve an increased volume of sewage or waste to be disposed of on-site, a certificate of approval from the PA Department of Environmental Resources shall accompany this request; and
- i. The sketch should indicate any other information that could be considered pertinent to this Application

DO NOT WRITE BELOW THIS LINE

Permit Submission Checklist

- | | | |
|---|------------------------------|-----------------------------|
| Permit Deposit. Amount: \$ _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2 copies of plot plan showing: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| a. existing and proposed construction | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. distance to property lines (front/rear/side) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 1 copy of manufacturer's specifications | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is the Impervious Surface Sheet completed? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is the application signed? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Green Building Discount Form (optional) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| TMP #: | 51- _____ - _____ | |

Zoning District (circle one):

RA	R-1	R-1a	R-2	RG	RR	MF-1	MF-2	MHP	C-1	C-2	C-3	V-C	V-CII	LI	O	H
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Zoning Use: _____

- Is the property in the Corridor Overlay District? YES NO
- Is the property in any of the Floodplain Districts? YES NO
- *Are there any variances or easements which will affect this permit? YES NO

UCC Construction Type: _____ UCC Use Group: _____

Reviewers	Signature	Date	Status			
Zoning Officer			<input type="checkbox"/> Approved	<input type="checkbox"/> w/ Comment	<input type="checkbox"/> Denied	<input type="checkbox"/> Approved on resubmit
Building Code Official			<input type="checkbox"/> Approved	<input type="checkbox"/> w/ Comment	<input type="checkbox"/> Denied	<input type="checkbox"/> Approved on resubmit
Fire Marshal			<input type="checkbox"/> Approved	<input type="checkbox"/> w/ Comment	<input type="checkbox"/> Denied	<input type="checkbox"/> Approved on resubmit
Public Works			<input type="checkbox"/> Approved	<input type="checkbox"/> w/ Comment	<input type="checkbox"/> Denied	<input type="checkbox"/> Approved on resubmit
Engineer			<input type="checkbox"/> Approved	<input type="checkbox"/> w/ Comment	<input type="checkbox"/> Denied	<input type="checkbox"/> Approved on resubmit
Water & Sewer			<input type="checkbox"/> Approved	<input type="checkbox"/> w/ Comment	<input type="checkbox"/> Denied	<input type="checkbox"/> Approved on resubmit
Board of Health			<input type="checkbox"/> Approved	<input type="checkbox"/> w/ Comment	<input type="checkbox"/> Denied	<input type="checkbox"/> Approved on resubmit
Conservation District			<input type="checkbox"/> Approved	<input type="checkbox"/> w/ Comment	<input type="checkbox"/> Denied	<input type="checkbox"/> Approved on resubmit
Other			<input type="checkbox"/> Approved	<input type="checkbox"/> w/ Comment	<input type="checkbox"/> Denied	<input type="checkbox"/> Approved on resubmit

Reason for denial: _____

- Fees
- Zoning: \$ _____
- Building: \$ _____
- Engineer: \$ _____
- Fire Marshal: \$ _____
- Fees in Lieu of: \$ _____
- UCC Surcharge: \$ _____
- Other: \$ _____
- Total Fee charged: \$ _____