



WARWICK TOWNSHIP
 Dept. of Planning & Zoning
 1733 Township Greene, Jamison, PA 18929
 Phone: (215) 343-6100
www.warwick-bucks.org

For Warwick Township Use Only

Check #:
 Check Amount:
 Received by:

FENCE PERMIT APPLICATION

Permit #: _____

Site/Contact Information

Site Address: _____			Primary Contact Person (check one)
Property Owner	Name	PA Contractor's #	
	Address		<input type="checkbox"/>
	Phone	Email	
Applicant	Name	PA Contractor's #	
	Address		<input type="checkbox"/>
	Phone	Email	
Contractor	Name	PA Contractor's #	
	Address		<input type="checkbox"/>
	Phone	Email	

Project Details

Total Cost of Improvements: _____
 Linear Footage of Proposed Fence: _____
 Brief Description of Project: _____

Type of Work:	New Fence	<input type="checkbox"/>		
	Addition to Existing Fence	<input type="checkbox"/>		
	Alteration or Repair	<input type="checkbox"/>		
	Temporary Fence (snow fence, tree protection fence, construction fence)	<input type="checkbox"/>		
Fence Type:	Chain Link	<input type="checkbox"/>	Split Rail	<input type="checkbox"/>
	Shadow Box	<input type="checkbox"/>	Stockade	<input type="checkbox"/>
	Picket	<input type="checkbox"/>	Other:	<input type="checkbox"/>
Fence Material:	Wood	<input type="checkbox"/>	Plastic	<input type="checkbox"/>
	Vinyl	<input type="checkbox"/>	PVC	<input type="checkbox"/>
	Aluminum	<input type="checkbox"/>	Metal	<input type="checkbox"/>
	Composite	<input type="checkbox"/>	Other:	<input type="checkbox"/>

Check each box below indicating that all of the following will be submitted with this application:

<input type="checkbox"/>	Two (2) copies of site plan, showing all existing and proposed structures, setbacks, easements, and Rights of Way
<input type="checkbox"/>	Two (2) sets of fence specifications (e.g., from manufacturer)

By signing this form, the applicant is certifying that he/she is empowered by the owner of the property to make an application on his/her behalf. The applicant also gives Warwick Township permission to access the property for inspections. Warwick Township requests the right to require a survey from a certified surveyor.

Signature of Applicant: _____ Date: _____

Height of Fence: _____ (Maximum 6 ft in residential districts; 10 ft in nonresidential districts)

Setback of Fence (from property lines):

Front: _____ Side: _____ Rear: _____

How is this property being used?

- Residential (If residential, has permission from Homeowners' Assoc. been obtained? Yes No N/A)
 Commercial
 Agricultural

Is this a corner lot?

- Yes (If yes, will the fence obstruct sight vision? Yes No)
 No

Will the fence's finished side (i.e., side without structural supporting posts) face adjacent properties & roads?

- Yes (This is required if your fence is within 100 ft from another property's principle structure)
 No

Does this fence surround a pool?

- Yes (If yes, must comply with §3109 of 2009 IBC; Residential: 48" above grade; max 2" between bottom of barrier and grade; self latching gate(s); openings shall not allow passage of 4"-diameter sphere, etc.)
 No

Are there any easements or deed restricted open spaces which affect the placement of this fence?

- Yes (If yes, note that no fence may be erected on a stormwater easement or within deed restricted open space)
 No

Is any part of the property located in a floodplain?

- Yes
 No

To be filled in by Township Staff

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
Copy of manufacturer's specifications	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the application signed?	<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: _____

Subdivision: _____ **Lot #:** _____

Is the property in the Corridor Overlay District?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the property in any of the Floodplain Districts?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are there any variances or easements which will affect this permit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Reviewers	Signature	Date	Status
Zoning Officer			<input type="checkbox"/> Approved <input type="checkbox"/> Denied
Building Code Official			<input type="checkbox"/> Approved <input type="checkbox"/> Denied
W&S Authority			<input type="checkbox"/> Approved <input type="checkbox"/> Denied
Other			<input type="checkbox"/> Approved <input type="checkbox"/> Denied

Reason for denial: _____

Fees

Zoning: \$ _____

Building: \$ _____

Other: \$ _____

UCC Surcharge: \$ _____

Total Fee charged: \$ _____