



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:

TOWNSHIP ROAD OCCUPANCY PERMIT APPLICATION

Permit #: _____

Site/Contact Information

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

Project Details

Total Cost of Improvements: \$ _____

Brief Description of Project:

Data applicable to this application

General

Approximate date when work will be started _____
 Approximate date when work will be completed _____
 The road surface is improved to a width of _____ ft.
 Distance from center of line in roadway to gutter or ditch _____ ft.
 Distance from center line of road to Right-of-Way line _____ ft.

Poles and Tower

Number of poles to be erected_____

Nearest distance from center of road to structure_____ft.

Distance of proposed work along the road_____ft.

Pipe Lines and Conduits

The improved surface of the road (will) (will not) be opened

Approximate area of openings in improved surface_____sq. yds.

Approximate area of openings on unimproved part_____sq. yds.

Length of trench along the road_____ft.

Depth of trench below surface_____in.

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

- Two (2) copies of site plan
- Two (2) copies of this form

Any work performed on a Township road over, under, or within, the limits of a limited access state highway, requires a state permit.

For disturbances over 500 sq. yards: Must submit 2 sets of paper and electronic as-built plans showing location and depth of all improvements in Township Right-of-Way. Pre-construction meeting will be necessary with Township to identify excavation areas, operation hours, work sequence, equipment storage area & other issues. Verify PA One Call. Permits are valid for 1 year or less from issuance & work must meet Township road restoration specifications.

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 all necessary inspections.

Signature of Applicant: _____ **Date:** _____

To be filled in by Township Staff

Permit Submission Checklist

Permit Deposit. Amount: \$ _____ Yes No
 2 copies of plot plan showing: Yes No
 a. existing and proposed construction Yes No
 b. distance to property lines (front/rear/side) Yes No
 Is the application signed? Yes 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"/> Denied
Building Code Official			<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
Public Works			<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
Engineer			<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
Water & Sewer			<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
Other			<input type="checkbox"/> Approved	<input type="checkbox"/> Denied

Reason for denial: _____

Fees

Zoning: \$ _____

Building: \$ _____

Public Works: \$ _____

Engineer Review: \$ _____

Other: \$ _____

UCC Surcharge: \$ _____

Total Fee charged: \$ _____