



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:

RESIDENTIAL PERMIT APPLICATION

Permit #: _____

Site/Contact Information

Site Address: _____			Primary Contact Person (check)
Will this permit have any green certifications? (LEED, Energy Star, etc.) <input type="checkbox"/> YES <input type="checkbox"/> NO			
Property Owner	Name	PA Contractor's #	<input type="checkbox"/>
	Address		
	Phone	Email	
Applicant	Name	PA Contractor's #	<input type="checkbox"/>
	Address		
	Phone	Email	

Project Type

- | | | |
|------------------------------------|---|--|
| <input type="checkbox"/> Addition | <input type="checkbox"/> Basement or Attic Renovation | <input type="checkbox"/> Detached Garage |
| <input type="checkbox"/> Plumbing | <input type="checkbox"/> Electrical | <input type="checkbox"/> Mechanical/HVAC |
| <input type="checkbox"/> Deck | <input type="checkbox"/> Covered/Enclosed Porch | <input type="checkbox"/> Paver Patio |
| <input type="checkbox"/> Fireplace | <input type="checkbox"/> Fence | <input type="checkbox"/> Pool |
| <input type="checkbox"/> Roof | <input type="checkbox"/> Shed | <input type="checkbox"/> Other: _____ |

Project Details

Total Cost of Improvements: _____

Square Footage of Proposed Improvement: _____

Brief Description of Project: _____

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

Two (2) copies of site plan

Two (2) complete sets of construction drawings

One (1) set of 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: _____

General Contractor	Name	PA Contractor's #
	Address	
	Phone	Email
Mechanical/HVAC*	Name	PA Contractor's #
	Address	
	Phone	Email
Electrical*	Name	PA Contractor's #
	Address	
	Phone	Email
Plumbing*	Name	PA Contractor's #
	Address	
	Phone	Email
Roofing*	Name	PA Contractor's #
	Address	
	Phone	Email
Other*	Name	PA Contractor's #
	Address	
	Phone	Email

* If applicable

MECHANICAL			
Type of Work (Check one): <input type="checkbox"/> Installing New Equipment <input type="checkbox"/> Altering Existing System <input type="checkbox"/> Both		Type of Fuel (Check one): <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Electrical <input type="checkbox"/> Propane <input type="checkbox"/> Other _____	
Total Cost of Mechanical Work: \$ _____			
Heater Name:		Number of Heaters:	
Model Number:		BTUs:	
A/C Name:		Number of A/C Units:	
Model Number:		BTUs:	
If altering existing system, explain:			
PLUMBING			
Type of Work (Check one): <input type="checkbox"/> Installing New Equipment <input type="checkbox"/> Altering Existing System <input type="checkbox"/> Both		Does this project include: <input type="checkbox"/> Water generators/heaters/coils <input type="checkbox"/> Lawn sprinkler system <input type="checkbox"/> Backflow preventer <input type="checkbox"/> Boiler <input type="checkbox"/> Other _____	
		Will there be Underslab Plumbing? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Plumbing Costs : _____	
Type of fixtures: _____		Number of fixtures: _____	
If altering existing system, explain:			
ELECTRICAL			
Type of Work (Check one): <input type="checkbox"/> Installing New Equipment <input type="checkbox"/> Altering Existing System <input type="checkbox"/> Both		Wire Type: _____ Size: _____ Circuit Load: _____	
Electrical Costs: _____		# of Hardwired Motor Electrical Devices: _____ # of HP or KW: _____	
		Electrical Service: _____ Amps Check one: <input type="checkbox"/> New <input type="checkbox"/> Upgrade	

Total # of Fixtures:	If you are applying for a swimming pool permit, please note: No swimming pool in Warwick Township shall be filled from a public water system under the jurisdiction of the Warwick Township Water and Sewer Authority without written permission of the Authority.
Pool Bonding: <input type="checkbox"/>	
If altering existing system, explain:	

Impervious Surface Calculation Worksheet

Required for the following permits: Addition, Detached Garage, Deck, Covered/Enclosed Porch, Paver Patio, Pool, Shed, Pool, and Other

Impervious Surface: A surface that does not absorb rain. All buildings, parking areas, driveways, roads, sidewalks, and any areas in concrete and asphalt shall be considered impervious surfaces within this definition. In addition, all other areas determined by the Township Engineer to be impervious within the meaning of this definition will also be classified as impervious surfaces.

A. Lot Size (1 Acre = 43,560 square feet): _____ sq. ft.

EXISTING

B. House Footprint: _____ sq. ft.

C. Driveway(s)/Parking Lot(s): _____ sq. ft.

D. Walkway(s)/Sidewalk(s): _____ sq. ft.

E. Porches: _____ sq. ft.

F. Patio(s): _____ sq. ft.

G. Deck(s): _____ sq. ft.

H. Accessory Structures/Garages/Shed(s): _____ sq. ft.

I. Pools/Spas: _____ sq. ft.

J. Miscellaneous/Other: _____ sq. ft.

L. Existing Impervious Surface Subtotal (add B through J): _____ sq. ft.

PROPOSED

M. Proposed Construction: _____ sq. ft.

N. Total Impervious Surface Post Construction (L + M): _____ sq. ft.

O. Proposed Impervious Percentage (N divided by A * 100): _____ %

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 |
| 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"/> Denied
Building Code Official			<input type="checkbox"/> Approved <input type="checkbox"/> Denied
Fire Marshal			<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
Board of Health			<input type="checkbox"/> Approved <input type="checkbox"/> Denied
Conservation District			<input type="checkbox"/> Approved <input type="checkbox"/> Denied
Other			<input type="checkbox"/> Approved <input type="checkbox"/> Denied

Reason for denial: _____

Fees

Zoning: \$ _____

Building: \$ _____

Engineer Review: \$ _____

Other: \$ _____

UCC Surcharge: \$ _____

Total Fee charged: \$ _____