



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:

TEMPORARY OUTDOOR SALES PERMIT APPLICATION

Permit #: _____

Site/Contact Information

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

Activity description:

List of items to be sold:

Fill in start and end times of the sales event:

Day	Start Time	End Time
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Specify duration of activity: Start date _____ Finish date _____
 (14 day maximum)

What is the primary use of the site property? _____

Attach a plot plan of property showing setbacks, buildings, streets, fire hydrants, and location of sales on property. Additional plans are required to ensure adequate parking, emergency access, road access, sanitary facilities, refuse collection, noise control and clean-up after the event.

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: \$ _____	<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 application signed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
TMP #:	51— _____ — _____	

Any extenuating circumstances/comments:

Ordinances governing applicant request:

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?	<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

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
Other			<input type="checkbox"/> Approved <input type="checkbox"/> Denied

Reason for denial: _____

Fees

Zoning: \$ _____

Building: \$ _____

Other: \$ _____

UCC Surcharge: \$ _____

Total Fee charged: \$ _____