

New Business U&O Procedure

Welcome to Warwick Township! As a way to facilitate a smooth transition into your new location we have provided the following information so that you can begin to use and occupy your space. **Be aware that no space shall be used and/or occupied until a certificate of Use & Occupancy is received from Warwick Township.**

STEP I

- Before establishing a business within the Township, please **contact the Zoning Officer to make sure the chosen location allows the proposed business type.** In order to establish a business at a particular location, the use must be permitted at the proposed location and the zoning requirements of that use must be met. Some examples of zoning requirements include the number of parking spaces, buffering requirements to neighboring properties, and lighting. The Zoning Officer can assist you in determining whether the proposed business can meet the Township Zoning Ordinance prior to any investment being made.

STEP II

- **Submit a Commercial Use & Occupancy Application.** A commercial U&O is required for all new business', relocations, and changes in use and/or occupancy. To ensure the township staff have sufficient time to review your application and discuss with you any obstacles in opening, your commercial U&O application should be submitted at least thirty (30) days prior to the anticipated settlement/occupancy. The U&O application must be filled out and include the following (additional information may be requested by Township staff depending in the business type):
 - A floor plan showing the proposed layout of the space being used, including but not limited to, isle widths, seating arrangements, exit signage and lighting, counter location, and restrooms. Signed and sealed plans shall be required where applicable per the Pennsylvania Construction Code Act (Act 45 of 1999) as amended. For example, in instances where there is a change in building code use.
 - A site plan showing, but not limited to, designated parking spots, setbacks, signage location, easements and buffering.
 - Depending on the type of business, other outside agencies may need to review and approve the use being pursued. (For example, a food establishment will require Department of Health approval.)
 - Appropriate fee to be submitted based on the Township fee schedule.

STEP III

- **Submit a Building Permit Application.** Should there be any alterations proposed or required, a building permit application shall be submitted.
 - Signed and sealed plans are required for all commercial building permit applications.
 - Specification sheets are required for all equipment being installed.
 - Contractor must register with the Township and provide certificates of insurance.
 - Building permits shall be submitted at the same time as the U&O application.
 - Fifty-dollar (\$50.00) deposit required at the time of submission.
 - Inspections shall be scheduled accordingly.
- **Submit a Zoning Permit Application with Sign Supplement,** if replacing or adding a sign.
 - Zoning permit applications shall include a site plan showing sign location, setbacks, easements, etc.
 - Specifications on the sign shall be provided including height, length, width, text, colors and framework.
 - Signs need to be reviewed and approved prior to installation.
 - If the property falls within the Corridor Overlay District (York Road frontage) additional approvals are required.
 - Fifty-dollar (\$50.00) deposit required at the time of submission.

STEP IV

- **Schedule a U&O Inspection with the Building Code Official.** Once your U&O application has been approved by the Zoning Officer and Building Code Official, all required permits have been issued and all permitted work has been completed a final inspection with the Building Code Official shall be scheduled.
- **Obtain Certificate of Use & Occupancy.** Once you have passed your final inspection a certificate of Use & Occupancy will be released to you.
- **You are ready to open and conduct business!** Congratulations on establishing your business in your new location.

General Notes

Both the Zoning Officer and Building Code Official will be reviewing this application to ensure compliance with Township Codes and Ordinances.

- Although the use may be approved from a Zoning perspective it may not be approved from a Building perspective and vice versa.
- Both Zoning and Building Codes have different use types with different requirements. Zoning typically has to do with the site where building typically has to do with the structure.
- A change in building use will require accessibility to be addressed, alterations to existing structures may also trigger this requirement.
- Be aware that any improvements (building additions, increases in impervious or division/allocation of land or space) on a nonresidential property will require a land development submission.

Included in this packet are the following documents:

- Application for commercial resale use & occupancy certificate, to be used if purchasing
- Application for commercial rental use & occupancy certificate, to be used if leasing
- Building permit application
- Zoning permit application with sign supplement

Should you have any questions about this process please feel free to contact the

Planning & Zoning Office at 215-343-6100.



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

Received by: _____ ☐ Floor & Site Plan

Check #: _____

Check Amount: _____

Zoning Officer: _____

Building Inspector: _____

APPLICATION FOR COMMERCIAL RESALE USE & OCCUPANCY CERTIFICATE

Date: _____ Zoning District: _____ TMP#: 51- _____ Lot #: _____

Address of Property: _____ Unit Number: _____

Water: ☐ Private Well ☐ Warwick Township Water & Sewer Authority ☐ Warminster Municipal Authority

Sewage Disposal: ☐ On-lot ☐ Warwick Township Water & Sewer Authority ☐ Warminster Municipal Authority

Name of Current Property Owner: _____

Address: _____

Email Address: _____ Phone Number: _____

Name of New Property Owner: _____

Address: _____

Email Address: _____ Phone Number: _____

Emergency Contact Person (after occupancy): _____

Address of Emergency Contact: _____

Email Address: _____ Cell Number: _____

Name of Proposed Business/Company: _____

Description of Proposed Business: _____

Former Business: _____

Square Footage of Unit: _____

Number of Total Employees: _____

Number of Dedicated Parking Spots: _____

Will you be having late night deliveries? ☐ YES ☐ NO

Business Hours: _____

Number of Employees on Largest Shift: _____

How many company vehicles will be parked on the premises? _____

Will you be having any outdoor storage? ☐ YES ☐ NO

Name, phone number, & email address of inspection and property access contact:

Name	Address	Phone Number
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Applicants are due a minimum of 30 days prior to settlement/occupancy; the above must contact Warwick Township to schedule an inspection. Most inspections will be scheduled three (3) weeks prior to issuance. Please plan accordingly. This application will expire in 180 days from the date submitted. No refund will be given to the applicant.

Anticipated Settlement and/or Occupancy Date: _____ Signature _____ Date _____

Use a nd/or Occupancy of a property without a valid Use & Occupancy Certificate issued by The Township of Warwick constitutes a violation of Township Ordinance No. 11-09, as last amended, and may result in the Township pursuing the legal remedies as set forth in said Ordinance.

Revised Nov. 2014

FIRE / EMERGENCY INFORMATION FORM

Facility Information:

Detailed summary of the operations which will occur within the premises (example: if storage, what is being stored and how is it being stored) _____

Alarm Company: _____, Phone No. : _____

Address: _____, City: _____ State: _____

Alarm Type (Water Flow, Smoke, etc.): _____

Does facility currently have an automatic sprinkler system: _____, Agent: _____

Number of heads: _____, Number of Risers: _____, Number of Standpipes: _____, Size: _____

Name of Company responsible for installation/maintenance of fire suppression system (if applicable): _____

<i>Name</i>	<i>Address</i>	<i>Phone Number</i>
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Standard Hours of Facility Operation: Day: _____, Night: _____

Average Number of Employees/Occupants for each shift: Day: _____ Night: _____

Building Information:

Square feet of building footprint: _____, Number of floors: _____

Square feet of unit (if multi-tenant building): _____, Total square feet of building: _____

Does building have an occupy basement level: _____, If so, what is square footage: _____

Building Construction Type (Masonry, Frame, etc.): _____

Roof Type (Corrugated Steel, Wood, Truss, etc.): _____

Floor Type (Concrete, Wood Truss, etc.): _____

Roof Openings (Vents, Skylights, etc.): _____

Special Considerations or Comments: _____

On the reverse side of this form, please draw the **building layout** (outside parameters of the structure or of your particular space within a multi-tenant building. For multi-story buildings, use a separate layout for each floor of the building (attach additional sheets of paper, if necessary). Indicate which part of the building is the street side and indicate all entrance/exit doors and stairs on the building layout. **Identify the location of all the following items**, and any other items that you feel may have relevance, by placing the number corresponding to that item in the appropriate location on the building layout. Please try to be as accurate as possible. If you are unsure of any items, please indicate so on this form and the Fire Marshal will be in contact with you. Thank you, in advance for your efforts.

Nº 1 Gas Shut Off

Nº 2 Main Electrical Shut Off

Nº 3 Water Shut Off

Nº 4 Alarm Panel Box

Nº 5 Fire Dept. Connection to Sprinkler System

Nº 6 Standpipe Connection (Multi-Story Bldg.)

Nº 7 Hazardous Materials Storage

Nº 8 Materials Safety Data Sheets

Nº 9 Propane Storage

Nº 10 Knox Box

Nº 11 Exit signs, doors, lighting

Nº 12 Detailed floor plan (i.e. shelving, equipment layout, etc)

Application for Non-Residential Use and Occupancy Certificate

The following items shall be submitted, in writing, to Warwick Township for review prior to the issuance of any non-residential use and occupancy certificate.

1. A site plan showing completed improvements inclusive of parking and signage.
2. A detailed interior floor plan for the proposed use. Signed and sealed plans prepared by a design professional shall be required when there is a change in building use classification or alterations requiring a building permit.
3. Detailed description of proposed Use and Operations by occupant.
4. Detailed description of expected impact on the following standards as set forth in the Warwick Township Zoning Ordinance: (smoke, dust and dirt, fly ash and gasses, noise, odors, fumes and gasses; radioactivity or electrical disturbance; glare and heat; outdoor storage and waste disposal; electric, diesel, gas or other power; industrial waste or sewage).
5. Detailed information regarding shifts and staffing of proposed occupant.
6. Completed Fire/Emergency Information Form.

Additional approvals required, if applicable or requested by Code Enforcement Department.

1. Water quality test.
2. Inspection and Approval letter from the Bucks County Health Department regarding the inspection of on-site disposal system.
3. Specifics regarding water usage and wastewater generated by the proposed operations of the proposed occupant.
4. Inspection and Approval letter from the Bucks County Health Department
5. Inspection and Approval letter from the Pennsylvania Board of Health.
6. Inspection and Approval letters from any Local, State or Federal agencies which oversee the installation of x-ray equipment or any other radiation producing equipment or material.
7. Medical waste disposal plan.



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For Warwick Township Use Only

Received by: _____ ☐ Floor & Site Plan

Check #: _____

Check Amount: _____

Zoning Officer: _____

Building Inspector: _____

APPLICATION FOR COMMERCIAL RENTAL USE & OCCUPANCY CERTIFICATE

Date: _____ Zoning District: _____ TMP#: 51- _____ Lot #: _____

Address of Property: _____ Unit Number: _____

Water: ☐ Private Well ☐ Warwick Township Water & Sewer Authority ☐ Warminster Municipal Authority

Sewage Disposal: ☐ On-lot ☐ Warwick Township Water & Sewer Authority ☐ Warminster Municipal Authority

Name of New Tenant: _____

Address: _____

Email Address: _____ Phone Number: _____

Property Owner: _____

Address: _____

Email Address: _____ Phone Number: _____

Emergency Contact Person (after occupancy): _____

Address of Emergency Contact: _____

Email Address: _____ Cell Number: _____

Name of Proposed Business/Company: _____

Description of Proposed Business: _____

Former Business: _____

Square Footage of Unit: _____

Number of Total Employees: _____

Number of Dedicated Parking Spots: _____

Will you be having late night deliveries? ☐ YES ☐ NO

Business Hours: _____

Number of Employees on Largest Shift: _____

How many company vehicles will be parked on the premises? _____

Will you be having any outdoor storage? ☐ YES ☐ NO

Name, phone number, & email address of inspection and property access contact:

Name	Address	Phone Number
------	---------	--------------

Applicants are due a minimum of 30 days prior to settlement/occupancy; the above must contact Warwick Township to schedule an inspection. Most inspections will be scheduled three (3) weeks prior to issuance. Please plan accordingly. This application will expire in 180 days from the date submitted. No refund will be given to the applicant.

Anticipated Settlement and/or Occupancy Date: _____ Signature _____ Date _____

Use and/or Occupancy of a property without a valid Use & Occupancy Certificate issued by The Township of Warwick constitutes a violation of Township Ordinance No. 11-09, as last amended, and may result in the Township pursuing the legal remedies as set forth in said Ordinance.

Revised Nov. 2014

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Facility Information:

Detailed summary of the operations which will occur within the premises (example: if storage, what is being stored and how is it being stored) _____

Alarm Company: _____, Phone N° : _____

Address: _____, City: _____ State: _____

Alarm Type (Water Flow, Smoke, etc.): _____

Does facility currently have an automatic sprinkler system: _____, Agent: _____

Number of heads: _____, Number of Risers: _____, Number of Standpipes: _____, Size: _____

Name of Company responsible for installation/maintenance of fire suppression system (if applicable): _____

Name

Address

Phone Number

Standard Hours of Facility Operation: Day: _____, Night: _____

Average Number of Employees/Occupants for each shift: Day: _____ Night: _____

Building Information:

Square feet of building footprint: _____, Number of floors: _____

Square feet of unit (if multi-tenant building): _____, Total square feet of building: _____

Does building have an occupy basement level: _____, If so, what is square footage: _____

Building Construction Type (Masonry, Frame, etc.): _____

Roof Type (Corrugated Steel, Wood, Truss, etc.): _____

Floor Type (Concrete, Wood Truss, etc.): _____

Roof Openings (Vents, Skylights, etc.): _____

Special Considerations or Comments: _____

On the reverse side of this form, please draw the **building layout** (outside parameters of the structure or of your particular space within a multi-tenant building. For multi-story buildings, use a separate layout for each floor of the building (attach additional sheets of paper, if necessary). Indicate which part of the building is the street side and indicate all entrance/exit doors and stairs on the building layout. **Identify the location of all the following items**, and any other items that you feel may have relevance, by placing the number corresponding to that item in the appropriate location on the building layout. Please try to be as accurate as possible. If you are unsure of any items, please indicate so on this form and the Fire Marshal will be in contact with you. Thank you, in advance for your efforts.

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Additional approvals required, if applicable or requested by Code Enforcement Department.

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For Warwick Township Use Only

Check #:
Check Amount:
Received by:

BUILDING PERMIT APPLICATION

Permit #: _____

Site/Contact Information

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

Project Type

- | | | |
|--|--|---|
| <input type="checkbox"/> New Construction | <input type="checkbox"/> Foundation Only | <input type="checkbox"/> Alteration |
| <input type="checkbox"/> Addition/Attached Garage | <input type="checkbox"/> Basement or Attic Renovation | <input type="checkbox"/> Detached Garage |
| <input type="checkbox"/> Plumbing | <input type="checkbox"/> Electrical (including generators) | <input type="checkbox"/> Mechanical/HVAC |
| <input type="checkbox"/> Alternative Energy (Solar, Wind, Furnace) | <input type="checkbox"/> Construction/Sales Trailer | <input type="checkbox"/> Hot Tub |
| <input type="checkbox"/> Fireplace | <input type="checkbox"/> Deck/Patio | <input type="checkbox"/> Pool |
| <input type="checkbox"/> Roof | <input type="checkbox"/> Shed (over 144s/f) | <input type="checkbox"/> Wall (over 4 ft. high) |
| <input type="checkbox"/> Sign (with electric) | <input type="checkbox"/> Fence (enclosing a pool) | <input type="checkbox"/> Sidewalk/Walkway |
| <input type="checkbox"/> Parking lot resurfacing | <input type="checkbox"/> Wireless Communication Facilities | <input type="checkbox"/> Wells (Geothermal/Potable) |
| <input type="checkbox"/> Lawn Sprinkler System | <input type="checkbox"/> Fire Sprinkler System | <input type="checkbox"/> Other: _____ |

Project Details

Total Cost of Improvements: \$ _____ | ☐ Residential or ☐ Commercial
Square Footage of Proposed Improvement: _____ s/f | Height of Proposed Structure _____ ft
Brief Description of Project: _____

Check the lines below indicating that the following has been submitted:

- ____ Two (2) complete sets of construction drawings
____ Two (2) sets of specifications
____ \$50.00 permit deposit

By signing this application, authorization is granted to any municipal representatives of Warwick Township to access the above property as stated within this application at any time, without an administrative warrant, to inspect and verify that any proposed use and/or structure contained within this application and/or that exists on the above property complies with all Warwick Township Ordinances.

Print Name of Applicant: _____ Date: _____

Signature of Applicant: _____ Date: _____

The application together with the signed site plan and construction documents is made a part of this application by the undersigned. Furthermore, it is clearly understood and agreed to by the applicant and property owner that the Township office is not responsible for any property dimensions shown on the site plan and establishment of property lines is the sole responsibility of the property owner and applicant. The applicant and property owner also agree they are responsible for the replacement to Township standards of any Township road or infrastructure which is damaged during the building of the permitted structure and understands that the information provided on this application by the applicant(s) and property owner(s) is true and correct to the best of their knowledge or belief, and all information contained in this application becomes part of the public record. The applicant warrants the truthfulness of the information in the application, and that if any of the information provided is incorrect, the permit may be revoked. Furthermore, the application and permit can provide that if the permit is issued wrongfully, whether based on misinformation or an improper application of the code, the permit and certificate of occupancy may be revoked.

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

Type of Sewage Disposal <input type="checkbox"/> Public or private company <input type="checkbox"/> Private (<i>septic tank, etc.</i>)		Building Dimensions	
		Number of Stories	
		Total square feet of floor area, all floors, based on exterior dimensions	s/f
		Total land area, in s/f	s/f
Type of Water Supply <input type="checkbox"/> Public or private company <input type="checkbox"/> Private (<i>well, cistern</i>)		Finished Basement: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Number of Bedrooms (Residential only)		Number of Off-Street Parking Spaces	
Number of Bedrooms		Enclosed/Garage	
Number of Bathrooms Full		Outdoors/Driveway	
Partial			

Cost of Construction

Building: \$ _____
 Electrical: \$ _____
 Plumbing: \$ _____
 HVAC: \$ _____
 Other: \$ _____
 Total Cost of Improvement: \$ _____

MECHANICAL**Type of Work** (Check one):

- ☐ Installing New Equipment
☐ Altering Existing System
☐ Both

Type of Fuel (Check one):

- ☐ Oil ☐ Natural Gas
☐ Electrical ☐ Propane
☐ Other _____

Heater Name:		Number of Heaters:	
Model Number:		BTUs:	
A/C Name:		Number of A/C Units:	
Model Number:		BTUs:	
Forced Air Furnace		Incinerator	
Unit Heater		Boiler	
Gas/Oil Conversion		Coil Unit	
Space Heater		Window A/C unit	
Gravity Furnace		Split System A/C	
Solid Fuel Appliance		Elevator	
If altering existing system, explain:			

PLUMBING**Type of Work** (Check one):

- ☐ Installing New Equipment
☐ Altering Existing System
☐ Both

Water Meter size _____ inches

Water Service size _____ inches

Will there be Underslab Plumbing?

- ☐ Yes
☐ No

Tubs/Shower Stalls	Drinking Fountains	Back Flow Preventers	
Lavatories	Floor Drains	Water Pumps	
Toilets	Water Heaters	Sewers	
Urinals	Water Softeners	Gas Piping	
Sinks	Sewage Ejectors	Swimming Pools	
Laundry Tubs	Sump Pumps	Standpipes	
Dishwashers	Grease Traps	Fire Sprinklers	
Boilers	Bidets	Lawn Sprinklers	
Hose Bibs	Other:		

If altering existing plumbing system, explain:

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.

ELECTRICAL

Type of Work (check one):

- ☐ Installing New Equipment
☐ Altering Existing System
☐ Both

Wire Type: _____

Size: _____

Circuit Load: _____

of Hardwired Motors:

Electrical Devices: _____

of HP or KW: _____

Electrical Service:

_____ Amps

Check one:

- ☐ New
☐ Upgrade

Pool Bonding: Yes ☐ **No** ☐

Switching Outlets		Bonding, Pool/Vault			Size & KW	Qty
Lighting Outlets		Service/Feeders		Motors		
Receptacle Outlets		HVAC Equipment		Generators		
Range/Oven		Switching Devices		Compressors		
Dryer, Electric		Transformers		Solar Panels		
Water Heater, Electric		Alarm Devices		If altering existing system, explain:		
Heat Detectors		Annunciator Panel				
Smoke Detectors		Other:				

To be Completed by Township Staff

Permit Submission Checklist

Permit Deposit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2 copies of manufacturer's specifications/building plans	<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— —	

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 (If yes, floodplain permit required)

UCC Construction Type: _____ UCC Use Group: _____

Reviewers	Signature	Date	Status
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
Other			<input type="checkbox"/> Approved <input type="checkbox"/> Denied

Reason for denial: _____

Fees

		Other	\$
Building	\$	UCC	\$4.50
Engineer review	\$	TOTAL	\$



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Phone: (215) 343-6100
www.warwick-bucks.org

Date Rec'd:

Check #/Credit Card:

Deposit Amount:

Received by:

ZONING PERMIT APPLICATION

Permit #: _____

Site/Contact Information

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

Project Type

- | | | |
|---|---|--|
| <input type="checkbox"/> New Construction | <input type="checkbox"/> Outdoor Fireplace/Fire Pit | <input type="checkbox"/> Tree Removal |
| <input type="checkbox"/> Sign: <input type="checkbox"/> Permanent OR <input type="checkbox"/> Temporary | <input type="checkbox"/> Driveway Resurface/Enlargement | <input type="checkbox"/> Fence/Wall |
| <input type="checkbox"/> Addition/Attached Garage | <input type="checkbox"/> Uncovered Deck/Patio | <input type="checkbox"/> Pool |
| <input type="checkbox"/> Shed/Detached Garage | <input type="checkbox"/> Covered Deck/Patio | <input type="checkbox"/> Construction Trailer |
| <input type="checkbox"/> Alternative Energy (Solar, Wind, Outdoor Furnace) | <input type="checkbox"/> Sidewalk/Walkway | <input type="checkbox"/> Temp. Storage Unit/Dumpster |
| <input type="checkbox"/> Hot Tub | <input type="checkbox"/> Lawn Sprinkler System | <input type="checkbox"/> Temp. Sales Event |
| <input type="checkbox"/> Other: | | |

Project Details

Total Cost of Improvements: \$ _____ | ☐ Residential or ☐ Commercial

Square Footage of Proposed Improvement: _____ s/f | Height of Proposed Structure _____ ft

Brief Description of Project: _____

Check the line below indicating that the following has been submitted:

- ☐ Two (2) copies of site plan
- ☐ \$25.00/\$50.00 permit deposit

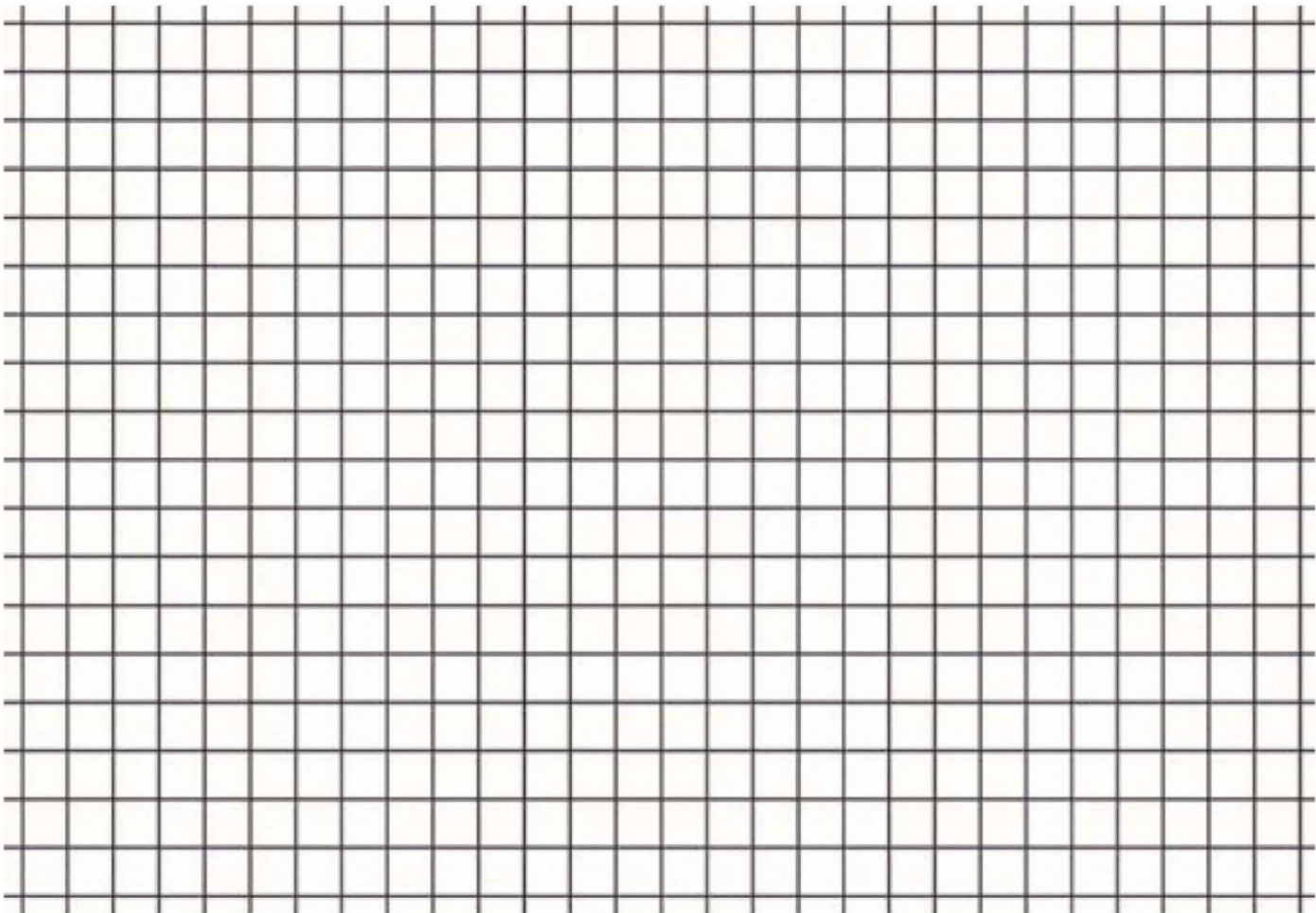
By signing this application, the applicant is certifying that he/she is empowered by the owner of the property to make an application on his/her behalf. I/we grant permission to any municipal representative of Warwick Township to access the above property as stated within this application at any time, without an administrative warrant, to inspect and verify that any proposed use and/or structure contained within this application and/or that exists on the above property complies with all Warwick Township Ordinances.

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SITE INFORMATION	
Water Service: <input type="checkbox"/> Public <input type="checkbox"/> Private	Sewer Service: <input type="checkbox"/> Public <input type="checkbox"/> Private
SITE PLAN	
Use the grid below only if the property does NOT have an as-built plan. As-built plans can be requested from the township administrative offices, if available.	



Plot Plan Requirements

All of the following must be clearly illustrated and identified on the site plan:

1. Show proposed structure(s) with setback distances to property lines (Front, Sides, and Rear)

2. Show all existing structures, including house driveways, walkways, patios, decks, sheds, pools, hot tubs, garages, etc.

3. Show buffer yards, easements, and deed restricted open space
4. Identify all streets with property frontage
Note: Corner properties have two front yards

5. Show existing woods and proposed extent of clearing

6. Show locations of septic systems, wells and stormwater management facilities

Impervious Surface Calculation Worksheet

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

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. For purposes of this definition the surface water of a swimming pool shall be classified as impervious.

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. Porch(es): _____ sq. ft.

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

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

H. Accessory Structure(s)/Garage(s)/Shed(s): _____ sq. ft.

I. Pool(s)/Spa(s): _____ 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 Completed by Township Staff

Maximum impervious permitted _____%

To be Completed by Township Staff

Permit Submission Checklist

Permit Deposit?	<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
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
TMP #:	51— _____ - _____ - _____	

Zoning District (circle one):

RA	R1	R1a	R2	RR	RG	MF1	MF2	VC	VCII	C1	C2	C3	O	LI	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 (If yes, floodplain permit required)
Are there any variances, easements or DROS 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
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
Other			<input type="checkbox"/> Approved <input type="checkbox"/> Denied

Reason for denial: _____

Fees

Zoning	\$	Other	\$
Public Works	\$		
Engineer review	\$	TOTAL	\$



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

SIGN SUPPLEMENT

Zoning Permit #: _____ Building Permit #: _____

NOTE THAT NO ELECTRONIC MESSAGE BOARD, SCROLLING, ANIMATED OR FLASHING SIGNAGE IS PERMITTED. ALL SIGN PERMIT APPLICATIONS REQUIRE TWO COLOR COPIES OF THE SIGN TO SCALE.

Sign Type

☐ Temporary Sign (30 days or less) ☐ Permanent Sign

Sign Details

Number of signs proposed: _____

If a temporary sign, dates of sign installation & removal: _____

(Only 4 temporary signs permitted per year)

Are you a school, college, church, hospital, civic group or non-profit organization? ☐ YES ☐ NO

Describe the sign's structure (electrical, wood, plastic, stakes, banner, etc.):

Describe the sign's text:

Are there existing signs on site? ☐ YES ☐ NO

If so, please give a detailed description including size, location, and text.

Sign Dimensions

List sign's total square footage:

_____ Sq/Ft _____ inches in width (horizontal) _____ inches in height (vertical)

For Free Standing Signage Only (Monument signage)

_____ ft. distance from sidewalk/grade to the highest point of the sign above grade.

Height of sign above grade (for freestanding signage): _____ ft.
(6 ft. max. in residential districts, 12 ft. max. in commercial or industrial districts)

Sign Location

- Is the property located within a shopping center, industrial park, or office park? ☐ YES ☐ NO
- Is the property located on a corner? ☐ YES ☐ NO
- Is any sign proposed within 10 feet from any right-of-way? (for freestanding signage)
(Sign may not be within 10 feet from any right-of-way) ☐ YES ☐ NO ☐ N/A
- Is any sign proposed within 10 feet from any property line? (for freestanding signage)
(Sign may not be within 10 feet from any property line) ☐ YES ☐ NO ☐ N/A