



# Springfield Township – Bucks County, Pennsylvania

www.springfieldbucks.org • info@springfieldbucks.org • 610-346-6700 ext. 10

## ZONING PERMIT APPLICATION

PERMIT #

**COMPLETE EVERY SECTION. EVERY APPLICATION MUST BE ACCOMPANIED BY A DETAILED PLOT PLAN.**

### PROPERTY / SITE INFORMATION:

SITE ADDRESS:		TAX MAP PARCEL #: <b>42</b> -	
CITY:	STATE: PA	ZIP:	<input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> COMMERCIAL
<b>ZONING DISTRICT</b>			
<input type="checkbox"/> WATERSHED <input type="checkbox"/> AGRICULTURE <input type="checkbox"/> RESOURCE PROTECTION <input type="checkbox"/> RURAL RESIDENTIAL <input type="checkbox"/> DEVELOPMENT			
<input type="checkbox"/> VILLAGE COMMERCIAL <input type="checkbox"/> VILLAGE RESIDENTIAL <input type="checkbox"/> HIGHWAY COMMERCIAL <input type="checkbox"/> PLANNED INDUSTRIAL			
<input type="checkbox"/> SCENIC OVERLAY <input type="checkbox"/> HISTORICAL RESOURCE <input type="checkbox"/> SOURCE WATER/WELLHEAD PROTECTION			
SEWAGE DISPOSAL: <input type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE		WATER SUPPLY: <input type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE	

### CONTACT INFORMATION

PROPERTY OWNER NAME(S):		PHONE:	
MAILING ADDRESS:	CITY:	STATE:	ZIP:
APPLICANT (IF NOT OWNER):		PHONE:	
MAILING ADDRESS:	CITY:	STATE:	ZIP:
EMAIL:	MAY WE EMAIL YOU REGARDING THIS APPLICATION? <input type="checkbox"/> YES <input type="checkbox"/> NO		

### PROPERTY USE INFORMATION — REFERENCE WORKSHEET ON REVERSE SIDE OF FORM

WHAT IS THE PROPERTY CURRENTLY USED FOR?
WHAT IS THE PROPOSED CHANGE OF USE? (example: E3 - Vehicle Repair, Body and Paint Shop: hours of operation, number of employees, room size and layout, etc.)
DOES THE PROPERTY HAVE A NON-CONFORMING USE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE EXPLAIN:

### PROPOSED TYPE OF WORK

<input type="checkbox"/> NEW SINGLE FAMILY <input type="checkbox"/> NEW DUPLEX/TOWNHOME <input type="checkbox"/> MULTI-FAMILY <input type="checkbox"/> MOBILE HOME <input type="checkbox"/> COMMERCIAL
<input type="checkbox"/> ADDITION <input type="checkbox"/> DECK <input type="checkbox"/> DEMO <input type="checkbox"/> GARAGE <input type="checkbox"/> PATIO <input type="checkbox"/> POOL <input type="checkbox"/> SHED <input type="checkbox"/> POLE BARN <input type="checkbox"/> OTHER
IF OTHER, PLEASE EXPLAIN:

### PROPOSED BUILDING DIMENSIONS

FOOTPRINT (SQFT): _____ BUILDING HEIGHT: _____ AMOUNT OF EARTH MOVED DURING CONSTRUCTION: _____
IS THIS A DEMOLITION PROJECT? <input type="checkbox"/> YES <input type="checkbox"/> NO ARE YOU REMOVING IMPERVIOUS SURFACE? <input type="checkbox"/> YES <input type="checkbox"/> NO
DOES THE PROJECT/USE CREATE NEW IMPERVIOUS COVER ON THE PROPERTY? <input type="checkbox"/> YES <input type="checkbox"/> NO (DECKS, PATIOS, SHEDS, BUILDINGS, NEW STONE OR PAVED DRIVEWAYS, ETC. ARE ALL CONSIDERED IMPERVIOUS SURFACES. )

**ZONING PROPERTY USE WORKSHEET    SELECT ALL USES CURRENTLY APPLICABLE****AGRICULTURAL USES**

- ☐ **A1** GENERAL    ☐ **A2** ACCESSORY SALES    ☐ **A3** FORESTRY    ☐ **A4** GREENHOUSE    ☐ **A5** CAFO    ☐ **A6** KENNEL  
☐ **A7** PLANT NURSERY    ☐ **A8** BOARDING STABLE    ☐ **A9** ACCESSORY FARM BUSINESS

**RESIDENTIAL USES**

- ☐ **B1** BOARDING HOUSE    ☐ **B2a** GROUP HOME    ☐ **B2b** HALFWAY HOUSE    ☐ **B4** DUPLEX    ☐ **B5** MOBILE HOME PARK  
☐ **B6** APARTMENT    ☐ **B8** CAMPGROUND/COTTAGE    ☐ **B9** RESIDENTIAL CONVERSION    ☐ **B11** SINGLE FAMILY  
☐ **B14** TOWNHOUSE    ☐ **B15** TWIN HOUSE    ☐ **B16** VILLAGE HOUSE    ☐ **B17** FARMLAND LOT

**RELIGIOUS, EDUCATIONAL, RECREATIONAL, AND INSTITUTIONAL USES**

- ☐ **C1** CEMETERY    ☐ **C2** COMMERCIAL SCHOOL    ☐ **C3** DAY CARE CENTER    ☐ **C4** GOLF COURSE    ☐ **C5** HOSPITAL  
☐ **C6** LIBRARY OR MUSEUM    ☐ **C7** MUNICIPALITY FACILITY    ☐ **C8** NURSING HOME    ☐ **C9** PERSONAL CARE CENTER  
☐ **C10** PLACE OF WORSHIP    ☐ **C11** PRIVATE ORGANIZATION    ☐ **C12** RECREATIONAL FACILITY/COMMUNITY CENTER

**OFFICE USES**

- ☐ **D1** MEDICAL    ☐ **D2** OFFICE    ☐ **D3** VETERINARIAN OFFICE & CLINIC    ☐ **D4** OFFICE PARK/CORPORATE CENTER

**RETAIL & CONSUMER SERVICES**

- ☐ **E1** ADULT ENTERTAINMENT    ☐ **E2** VEHICLE SALES    ☐ **E3** VEHICLE REPAIR, BODY & PAINT SHOP    ☐ **E4** CAR WASH  
☐ **E5** CONVENIENCE STORE    ☐ **E6** RESTAURANT    ☐ **E7** RESTAURANT W/DRIVE THRU    ☐ **E8** ENTERTAINMENT FACILITY  
☐ **E11** BED & BREAKFAST INN    ☐ **E12** RETAIL STORE <10,000SQFT    ☐ **E13** MINI-WAREHOUSE    ☐ **E14** HOTEL/MOTEL  
☐ **E16** RECREATIONAL CAMPSITES    ☐ **E17** REPAIR SHOP    ☐ **E18** RETAIL TRADES/SERVICES    ☐ **E19** GAS STATION  
☐ **E20** SHOPPING CENTER    ☐ **E21** PARKING LOT OR GARAGE    ☐ **E22** MOBILE HOME SALES    ☐ **E23** TAVERN  
☐ **E24** TREATMENT CENTER    ☐ **E25** BETTING USE    ☐ **E26** MOTOR VEHICLE RACETRACK    ☐ **E27** FIREARMS TARGET RANGE

**UTILITIES & PUBLIC SERVICES**

- ☐ **F1** UTILITY OPERATING FACILITY    ☐ **F2** EMERGENCY SERVICES    ☐ **F3** TERMINAL  
☐ **F4** ESSENTIAL SERVICES    ☐ **F5** COMMUNICATIONS ANTENNAS/TOWERS    ☐ **F6** AIRPORT OR HELIPORT  
☐ **F7** COMMERCIAL SOLAR-POWER GENERATING FACILITY    ☐ **F8** COMMERCIAL WIND-POWERED GENERATING FACILITY

**INDUSTRIAL USES**

- ☐ **G1** SALVAGE FACILITY    ☐ **G2** BUILDING MATERIAL SALE & EQUIPMENT STORAGE YARD    ☐ **G3** CONTRACTOR SERVICES  
☐ **G4** FOOD PROCESSING    ☐ **G5** FUEL STORAGE/DISTRIBUTION    ☐ **G6** MANUFACTURING    ☐ **G7** QUARRY  
☐ **G8** RECYCLING FACILITY    ☐ **G9** RESEARCH    ☐ **G10** SOLID WASTE FACILITY    ☐ **G11** TRUCK TERMINAL  
☐ **G12** WHOLESALE    ☐ **G13** WAREHOUSE    ☐ **G14** PRINTING    ☐ **G15** PLANNING MILL

**ACCESSORY USES**

- ☐ **H1** ACCESSORY APPARTMENT    ☐ **H2** DWELLING W/BUSINESS COMBO    ☐ **H3** FAMILY DAYCARE  
☐ **H4** HOME-BASED BUSINESS    ☐ **H5** LIVESTOCK/HORSES AS ACCESSORY USE    ☐ **H6** OUTSIDE STORAGE  
☐ **H7** RECREATIONAL VEHICLES    ☐ **H8** RESIDENTIAL ACC. STRUCTURE & USE    ☐ **H9** SPA/HOT TUB    ☐ **H10** SWIMMING POOL  
☐ **H11** TEMPORARY STRUCTURE OR VEHICLE    ☐ **H12** ACCESSORY DWELLING FOR GUESTS & WORKERS  
☐ **H14** ACC. SOLAR-POWERED GENERATING FACILITY    ☐ **H15** ACC.WIND-POWERED GENERATING FACILITY

**I HAVE SELECTED ALL APPLICABLE USES(INITIAL) \_\_\_\_\_**

**ZONING APPLICATION IMPERVIOUS SURFACE WORKSHEET****DISREGARD THIS SECTION IF YOU ARE ONLY CREATING A FENCE**

EXISTING IMPERVIOUS SURFACE/STRUCTURE	SQFT	LOT SIZE	SQFT
HOUSE FOOTPRINT			
DRIVEWAY/PARKING		1 ACRE = 43,560 SQFT	
WALKWAYS/SIDEWALKS		PROPOSED CONSTRUCTION	SQFT
PORCH			
DECK			
GARAGE			
POLE BARN		NEW TOTAL IMPERVIOUS	
SHED			
POOL (AND DECK OR PAVING AROUND IT)		PROPOSED IMPERVIOUS %	
MISCELLANEOUS/OTHER		TOTAL SQFT ÷ LOT SQFT	
TOTAL EXISTING IMPERVIOUS SQFT			

**ADDITIONAL INFORMATION**

PLEASE LIST ANY DEED RESTRICTIONS, EASEMENTS, OR OTHER SITE CONDITIONS WHICH EXIST ON YOUR PROPERTY:

**APPLICANT/OWNER ACKNOWLEDGEMENT**

PLEASE INITIAL AND ACKNOWLEDGE THE FOLLOWING:

\_\_\_\_\_ I HAVE PROVIDED A DETAILED PLOT PLAN/MAP (DIRECTIONS ON REVERSE SIDE)

\_\_\_\_\_ I HAVE PROVIDED ONE PHYSICAL COPY AND ONE DIGITAL COPY OF THE PROPOSED PLANS.

\_\_\_\_\_ A \$ 100 NON-REFUNDABLE CHECK MADE OUT TO "SPRINGFIELD TOWNSHIP" WAS PAID. CK# \_\_\_\_\_  
(CASH PAYMENTS ALSO ACCEPTED)

\_\_\_\_\_ NO WORK CAN BEGIN UNTIL ALL REQUIRED PERMITS ARE ISSUED.

\_\_\_\_\_ I AM REQUIRED TO COMPLETE WORK WITHIN ONE (1) YEAR OF THE DATE OF ZONING PERMIT ISSUANCE.

I hereby certify that all information on this form and attached documentation is true, to the best of my knowledge. Further, I authorize the listed applicant/agent to act in my stead with regards to this application. In addition, if a permit for the use/structure is issued, I certify that the Springfield Township Zoning Officer is authorized to enter those areas of the property affected by the permit at any reasonable hour to inspect for compliance with the permit and Springfield Zoning Ordinance.

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**TOWNSHIP USE ONLY**DATE RECEIVED: \_\_\_\_\_ ADDITIONAL REQUIRED: ☐ DWY ☐ WELL ☐ E&S ☐ SWM ☐ OLDS

SETBACK REQUIREMENTS - FRONT: \_\_\_\_\_ SIDE: \_\_\_\_\_ SIDE: \_\_\_\_\_ REAR: \_\_\_\_\_

ALLOWABLE PERCENT IMPERVIOUS: \_\_\_\_\_ CONFORMING: ☐ YES ☐ NO

ADDITIONAL NOTES:

**MUST BE INCLUDED WITH EVERY ZONING APPLICATION**

**A "PLOT PLAN" IS AN ACCURATE DRAWING OR MAP** OF YOUR PROPERTY THAT SHOWS THE SIZE AND CONFIGURATION OF YOUR PROPERTY AND PRECISE LOCATION OF ALL MAN-MADE STRUCTURES (I.E. BUILDINGS, WALLS, DRIVEWAYS, WALKS, FENCES, ETC.) AND ALL BODIES OF WATER AND WATER CHANNELS (PONDS, STREAMS, SWALES, ETC.)

**A PLOT PLAN SHOULD SHOW WHAT CURRENTLY EXISTS ON YOUR PROPERTY AND WHAT IS BEING PROPOSED.**

**A PLOT PLAN IS ALSO VERY HELPFUL** TO HAVE WHEN YOU HAVE QUESTIONS ABOUT WHAT YOU CAN AND CANNOT DO WITH YOUR PROPERTY. IT WILL HELP THE ZONING OFFICER TO SEE SPECIFIC AND UNIQUE CONDITIONS OF YOUR SITE; IT WILL ALLOW FOR YOU TO RECEIVE MORE RELIABLE, RATHER THAN GENERAL, INFORMATION ABOUT YOUR SITE. THIS IS PARTICULARLY IMPORTANT WHEN YOU ARE APPLYING FOR A ZONING OR BUILDING PERMIT.

**WHAT SHOULD A PLOT PLAN SHOW?**

- NAME AND ADDRESS OF THE PROPERTY OWNER.
- THE ADDRESS AND BUCKS COUNTY TAX PARCEL NUMBER OF THE PROPERTY.
- THE LOCATION AND DIMENSIONS OF ALL PARKING AND DRIVEWAY AREAS.
- THE LOCATION AND NAME OF ALL ADJACENT STREETS
- ANY AND ALL BODIES OF WATER INCLUDING PONDS, BASINS, LAKES, STREAMS, AND OR STORMWATER SWALES ETC. (PLAN SHOULD INDICATE THE PRESENCE OF ANY BODIES OF WATER WITHIN 125' OF YOUR PROPERTY, AS WELL AS THOSE INTERNAL TO YOUR PROPERTY).
- ANY EASEMENTS THAT CROSS THE PROPERTY, OR OTHER PERTINENT LEGAL INFORMATION.
- THE PROPERTY LINES AND THEIR DIMENSIONS
- THE PROPERTY'S TOTAL ACREAGE.
- DIMENSIONS SHOWING HOW FAR ALL EXISTING STRUCTURES ARE FROM ALL ADJACENT PROPERTY LINES.

**SAMPLE PLOT MAP/SKETCH (MAY BE HANDDRAWN)**

