

ZONING PERMIT APPLICATION CHECKLIST

Permit #

PROPERTY INFORMATION:

Does the property have a non-conforming use? **YES** or **NO**

If yes please explain _____

TMP#: _____

Site Address: Street/Town _____

Sewage Disposal: ___ Public ___ On Lot Water Supply: ___ Public ___ Private

Bucks County Health Dept. Permit #: _____ Date issued: _____

OWNER INFORMATION:

Owner Name _____ Phone _____

Mailing Address _____

E-mail Address (Optional, Please Print Legibly): _____

APPLICANT/AGENT INFORMATION (if different from 'Owner'):

Applicant Name _____ Phone _____

Mailing Address _____

E-mail Address (Optional, Please Print Legibly): _____

PROPERTY USE INFORMATION: I currently use my property for (check and circle ALL that apply):

Agriculture

A1 General

A2 Accessory sales

A3 Forestry

A4 Greenhouse

A5 CAFO

A6 Kennel

A7 Plant Nursery

A8 Boarding Stable

A9 Accessory Farm Business

Residential

B1 Boarding House

B2a Group Home

B2b Halfway House

B4 Duplex

B5 Mobile Home Park

B6 Apartment

B8 Campground/Cottage

B9 Residential Conversion of Hist. Structure

B11 Single Family Dwelling

B14 Townhouse

B15 Twin House

B16 Village House

B17 Farmland Lot

Religious, Educational, Recreational and Institutional

C1 Cemetery

C2 Commercial School

C3 Day Care Center

C4 Golf Course

C5 Hospital

C6 Library or Museum

C7 Municipal Facility

C8 Nursing Home

C9 Personal Care Center

C10 Place of Worship

C11 Private Organization

C12 Recreational Facility or Community Center

Office

D1 Medical Office

D2 Office

D3 Veterinary Office and Clinic

D4 Office Park/ Corp. Center

Retail and Consumer Services

E1 Adult Entertainment

E2 Vehicle Sales

E3 Vehicle Repair, Body and Paint Shop

E4 Car Wash

E5 Convenience Store

E6 Restaurant

E7 Restaurant with DriveThru

E8 Entertainment Facility

E9 Financial Establishment

E10 Funeral Home

E11 Bed and Breakfast Inn

E12 Retail Store over 10,000 Square Feet

E13 Mini-Warehouse

E14 Motel /Hotel

E16 Recreational Campsites

E17 Repair Shop

E18 Retail Trade/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 and Public Services

F1 Utility Operating Facility

F2 Emergency Services

F3 Terminal

F4 Essential Services

F5 Comm. Communications Antennas/Towers

F6 Airport or Heliport

F7 Comm. Solar-Powered Generating Facilities

F8 Comm. Wind-Powered Generating Facilities

Industrial

G1 Salvage Facility

G2 Building Material Sales and Equip. 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 Planing Mill

Accessory

H1 Accessory Apartment

H2 Dwelling in Combination with a Business

H3 Family Day Care

H4 Home-Based Business

H5 Livestock and Horses as an Accessory Use

H6 Outside Storage

H7 Rec. Vehicles

H8 Residential Accessory Structure and Use

H9 Spa/Hot Tubs

H10 Swimming Pool

H11 Temporary Structures and Vehicles

H12 Accessory Dwelling for Guests or Workers

H13 Customarily Accessory Use or Structure

H14 Accessory Solar-Powered Generating Facility

H15 Accessory Wind-Powered Generating Facilities

Using the list above, identify and describe the PROPOSED use of the property:

(ex.:E3- Vehicle Repair, Body and Paint Shop: hours of operation, number of employees, room size and layout, etc.)

PROPOSED BUILDING DIMENSIONS

Footprint (sq ft) _____ **Building Height:** _____

Does the proposed project/use create new impervious cover on the property? YES or NO
(DECKS, PATIOS, SHEDS, NEW BUILDINGS, NEW STONE OR PAVED DRIVEWAYS, ETC., ARE ALL IMPERVIOUS)

If yes, how much is being added and indicate area and show on the Plot plan _____sq. ft.

Amount of earth disturbed during construction: _____

OWNER'S CERTIFICATION:

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.

OWNER'S Signature: _____

Date: _____

Check & initial here: If you authorize communications and replies via the listed EMAIL address.
_____ Initials

Check & initial here: If you have attached a sketch/plot plan that is in compliance with the How to Draw a Plot Plan Guidelines. _____ Initials