

Permit #: _____
 Permit Fee _____
 Escrow Fee _____
 Check #'s _____
 Total _____
 Date _____



Wrightstown Township

2203 Second Street Pike
 Wrightstown, PA 18940
 Phone: 215-598-3313
 www.wrightstownpa.org

BUILDING/ ZONING PERMIT APPLICATION

A Building/Zoning Permit is required before: 1) Occupying or using any vacant land or any structure; 2) Changing the use of any lot or structure; 3) Erection, construction, reconstruction, alteration, razing or removal of any structure or building, including accessory structures such as sheds, garages, fences, etc; 4) Changing of a non-conforming use. Check all that apply below:

- () Fence
- () Sign
- () Alterations/Addition
- () Shed
- () Garage
- () New Construction
- () Electrical
- () Other _____
- () HVAC
- () Pool
- () Demolition

TMP # 53 - _____ Date _____

Zoning District: Check one: ___ CM ___ CR1 ___ CR2 ___ R2 ___ PS
 ___ VR1 ___ VR4 ___ VC1 ___ VC2 ___ RI
 ___ RIA ___ QA ___ MS ___ EIR

Sewage Disposal: _____ Public _____ On Lot **Water Supply:** _____ Public _____ Private

Bucks County Health Dept Permit # _____ Date Issued _____

Proposed Use (example: Single Family Dwelling, Timbering, Driveway, etc.):

Information:

Applicant: _____ **Phone #** _____

Email: _____

Address: _____

Property Owner: _____ **Phone #** _____

Email: _____

Address: _____

Contractor: _____ **Phone #** _____

Email: _____

Contractors PA License # : _____

Address: _____

Location/Address of Work: _____

Subdivision: _____ **Lot #** _____

EASEMENTS:

Are there any easements/zoning restrictions on the property? If so, please describe: _____

PLOT PLAN:

- Provide scaled plan of entire property in duplicate, identify adjacent streets.
- Place all buildings with size dimensions within property lines and indicate whether existing or proposed. Indicate front, rear and side yard setbacks by showing the distance from buildings to property lines on all sides.

Size of Lot(s) in square feet or acres: _____

Lot Measurements: Front _____ Side _____
 Rear _____ Side _____

Distance of Building from Lot Lines: Front _____ Side _____
 Rear _____ Side _____

Proposed Start Date: _____ Estimated Completion Date _____

Estimated Cost of Construction (attach contracts): _____

PRINCIPAL TYPE OF CONSTRUCTION

- Masonry Wood Frame Structural Steel
 Reinforced Steel Other _____

Dimensions:

Number of Stories _____ Building Height _____

Total Square Feet of Ground Coverage of Proposed Building: _____

Total Measure of Exterior Dimensions: _____

Total Square Feet of Floor Area, All Floors -**Existing**: _____

Total Square Feet of Floor Area, All Floors -**Proposed**: _____

RESIDENTIAL BUILDINGS ONLY

Number of Dwelling Units: Existing _____ Proposed _____

Single Family Multi Family Number of Fireplaces _____
 Number of Bedrooms: _____ Number of Bathrooms _____ Full _____ Partial _____
 Garage _____ Attached Detached Dimensions _____
 Other Type of Structure/Use: _____

NON-RESIDENTIAL BUILDING and HOME OCCUPATIONS

Existing Use of Building or Portion of Building to be Occupied: _____

Proposed Use of Building or Portion of Building, Including Operations, Products, Etc.

Number of Off-Street Parking Spaces: Enclosed _____ Outdoor _____

Number of Employees: _____ Square Feet of Building to be Occupied: _____

Type of Outside Storage/Display/Signage Proposed: _____

Property Review (Please Check one):

- I hereby grant permission to the Wrightstown Zoning Officer or his designee to access my property as part of the application review process.
- I DO NOT grant permission to the Wrightstown Zoning Officer or his designee to access my property as part of the application review process.

This application must be accompanied by a \$100 Administrative review fee (an additional electrical review maybe required). The applicant will be notified upon review and calculation of required permit fees and escrow fees. All unused escrow fees shall be returned upon written request, but said request must be made within thirty (30) days of the issuance of a Use and Occupancy. Failure to do so will result in the funds being forfeited and transferred to the General Fund to offset administrative expenses.

_____	_____
Signature of Applicant	Date

_____	_____
Signature of Owner (Required if different from Applicant)	Date