



BOROUGH OF PERKASIO

620 W. Chestnut Street
PO Box 96
Perkasio, Pa. 18944-0096

Phone (215) 257-5065
Fax (215) 257-6875

ZONING PERMIT APPLICATION

Date: _____

PROPERTY ADDRESS: _____ Tax Parcel Number: _____

APPLICANT Name: _____ Phone No.: _____

Address: _____ Fax No.: _____

E-mail: _____

If different than applicant:

OWNER Name: _____ Phone No.: _____

Address: _____ Fax No.: _____

E-mail: _____

Relationship between Applicant & Owner _____

Proposed Use / Construction: _____ Zoning District: _____

Sewer: Public * Private *Bucks County Health Dept. Permit # _____

Water: Public Private

SQUARE FOOTAGE for: Lot: _____ sq.ft. Main Bldg.: _____ sq.ft. Outbuildings: _____ sq.ft.

SETBACKS for Proposed Project: Front _____ Side _____ Rear _____ Side _____

BUILDING HEIGHT for Proposed Project: _____ Feet

ESTIMATED COST of Construction or Alteration: \$ _____

Applicant certifies **the ATTACHED PLANS have been SUBMITTED** in duplicate and drawn to scale **SHOWING THE FOLLOWING:**

1. Actual dimension and shape of lot to be built upon with the exact size and location of all buildings/structures on the lot, if any, and the **location and dimensions** of proposed buildings, structures or alterations **with distances from property lines indicated**. Please draw the plot plan to scale and add the property owner's signature. **It is the responsibility of the property owner to verify that property lines and dimensions are correct.**
2. Existing and proposed uses, showing number of families, if any, that the building is designed to accommodate.
3. Provisions made for the treatment and disposal of sewage, industrial waste, and water supply and storm drainage.
4. A certificate of approval from the Bucks County Board of Health regarding proposed on-site sewage disposal and/or water, if such is proposed.
5. Contact Bucks County Conservation District for any earth disturbance of more than 1,000 square feet, 215-345-7577.
6. Any other lawful information that may be required by the Zoning Officer.

One copy of the plans shall be returned to the applicant after the Zoning Officer has marked such copy either approved or disapproved and attested to it by affixing his/her signature. The second copy shall be similarly marked and shall be retained and filed by the Zoning Officer.

The applicant hereby certifies that the statements and data contained herein and attached hereto are true and complete.

Applicant Signature _____ Date _____

REQUIRED Property Owner Signature _____ Date _____

FOR BOROUGH USE ONLY

Zoning Permit in accordance with the foregoing application is hereby granted, subject to the following restrictions:

NONE _____

APPROVED DENIED Zoning Officer _____ Date _____

Plan or Deed Checked for Easements

Fee: _____