



WARRINGTON TOWNSHIP

852 Easton Road, Warrington, Pennsylvania 18976

Phone: 215-343-9350 • Fax: 215-343-5944

APPLICATION for ZONING and BUILDING PERMIT

APPLICATION INSTRUCTIONS: All applicants complete Parts 1-5 of this form. For pool work, complete Part 6. If plumbing work, complete Parts 7 and 8. If mechanical work, complete Parts 9 and 10. If electrical work, complete Part 11 and 12. For all other permits, explain work on Part 13. Attach approved Building Construction Plans, Site Plan and Erosion & Sediment Control as required.

Application Date:	Type of Permit (Circle all that apply) Building Mechanical Plumbing Electrical Other	Is owner the applicant? Yes <input type="checkbox"/> No <input type="checkbox"/>
-------------------	---	---

1. PROPERTY INFORMATION

Street Address	Apt.	Zip	Parcel Number 50-	Zoning District
Subdivision		Lot Number	Parcel Use <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Vacant <input type="checkbox"/> Industrial <input type="checkbox"/> Other <input type="checkbox"/> Institutional	

2. OWNER INFORMATION

Last Name	First Name	Phone
Street	City, State, Zip	
Cell Phone	Fax Number	

3. CONTRACTOR INFORMATION

Last Name	First Name	Phone
Street	City, State, Zip	
Cell Phone	Fax Number	Reg.#

4. BUILDING PERMIT APPLICATION

Improvement Type: <input type="checkbox"/> New Construction <input type="checkbox"/> Demolition <input type="checkbox"/> Addition <input type="checkbox"/> Relocation <input type="checkbox"/> Alteration <input type="checkbox"/> Foundation Only <input type="checkbox"/> Repair/Replacement <input type="checkbox"/> Change of Use Only <input type="checkbox"/> Site Work	Proposed Uses: <input type="checkbox"/> Assembly <input type="checkbox"/> Factory <input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Institutional <input type="checkbox"/> Storage <input type="checkbox"/> Educational <input type="checkbox"/> Mercantile <input type="checkbox"/> Garage <input type="checkbox"/> Other _____
Height Above Grade (feet)	Garages (dimensions)
Elevators/Escalators (number)	Fireplaces (number)
Stories (number)	Deck (dimensions)
Bedrooms (number)	Pool (dimensions)
Full Baths (number)	Building Estimated Value \$
Partial Baths (number)	Other

5. CERTIFICATON

I hereby certify that I am the owner of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the code official or the code official's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provision of the code(s) applicable to such permit per PA UCC Act 45 of 2004.

Signature of Owner (Required)

Print Name

Signature of Zoning Official

Date _____

Signature of Code Official

Date _____

6. SPECIFIC INFORMATION REQUIRED:

6a. Accessory Residential Structures: fences, sheds, garden structures, play structures, patios, paving and/or curb.

Please complete the following applicable information			
PERMIT TYPE	Height	Style	Dimensions or Length
Fence			-----
Shed			
Patio	----- -	----- --	
Paving	----- -	----- --	
Curb	----- -	----- --	
Other			
		Fee:	

(Township Use Only)

Lot #		Maximum	Coverage	
Tax Parcel #	Area in Square Feet	Building Percentage	Area in Square Feet	Impervious Percentage
Lot area		-----		----- -
Building Area			-----	----- -
Lot Coverage	-----	-----		
New				
New Building Total			-----	----- -
New Lot Cover Total	-----	-----		

DEPARTMENT APPROVALS - office use only		
Date	Department	Signature of Approval
	Zoning Official	
	Building Official	
Filter Specifications		No.# of Skimmers
		Surface Area:

FENCE CONTRACTOR (if applicable)		
Business Name		Daytime Phone#
Address		City, State, Zip

INITIAL	I, agree to comply with the following:	Dimensions	Sq. Ft.	Specify Diving or Non-Diving Below	
	(Inground Pools) A five (5) foot setback is required from the edge of the pool, equipment or change in grade.				
	(Above Ground Pools) A seven foot setback is required from the edge of the pool or equipment. Grading setback is five (5) foot.	Please mark below, with an (X) type of Pool Heater (also enclose manufacturer's specifications for Heater)			
	During construction, upon completion and filling pool a four (4) foot approved fence must be in place with self-closing self latching gates and doors	None	Gas	Electric	Other (specify)
		Fence Information		Height	Style

SPECIAL INSTRUCTIONS Please attach the following information:

1. (1) Site Plan - Showing Pool Elevation & Grading.
2. For an Above Ground Pool - Two (2) sets of installation specs.
For an In-ground Pool - Two (2) sets of signed & sealed plans of construction and installation, by a design professional
3. Heater, Filter & Motor Specifications
4. Specify type of ladder and/or stairs
5. (1) Erosion & Sediment Control Site Plan is required.

FRONT

SIDE

SIDE

REAR

NOTES

7. PLUMBING CONTRACTOR INFORMATION

Last Name	First Name	Phone
Street	City, State, Zip	
Cell Phone	Fax Number	Reg.#

8. PLUMBING PERMIT APPLICATION

Enter the number of fixtures being installed, replaced or repaired				
Tubs/showers		Drinking Fountains		Back Flow Preventers
Shower Stalls		Floor Drains		Water Pumps
Lavatories		Water Heaters		Sewers
Toilets		Water Softeners		Gas Piping
Urinals		Sewage Ejectors		Laundry Tubs
Sinks		Dishwashers		Sump Pumps
Bidets		Grease Traps		Lawn Sprinklers (Y/N) (Number of heads)
Public Water (Y/N)		Public Sewer (Y/N)		Total # of fixtures
Water Service Size	in.	Water Meter Size	in.	Avg. Daily Water Use GPD
Utility Service Revisions:				
Est. Start Date		Est. Finish Date		Plumbing Work Est. Value\$

9. MECHANICAL CONTRACTOR INFORMATION

Last Name	First Name	Phone
Street	City, State, Zip	
Cell Phone	Fax Number	Reg.#

10. MECHANICAL PERMIT APPLICATION

Enter the number of new or replacement units				
Forced Air Furnace		Incinerator		Air Handling Unit
Unit Heater		Boiler		Heat Pump
Gas/Oil Conversion		Coil Unit		Air Cleaner
Space Heater		Wall HVAC Unit		Hazardous Exhaust System
Gravity Furnace		Split System A/C		Electric Furnace
Solid Fuel Appliance		A/C Compressor		Hydronic System
Utility Service Revisions:				
Type of Heating Fuel: (check one) <input type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Coal <input type="checkbox"/> Wood <input type="checkbox"/> Other				
Est. Start Date		Est. Finish Date		Mechanical Work Est. Value\$

11. ELECTRICAL CONTRACTOR INFORMATION

Last Name	First Name	Phone
Street	City, State, Zip	
Cell Phone	Fax Number	Reg.#

12. ELECTRICAL PERMIT APPLICATION

Type of Work	#	Type of Work	#
Switching Outlets		Bonding, Pool/Vault	
Lighting Outlets		Service Feeders	
Receptacle Outlets		HVAC	
Range/Oven		Switching Devices	
Dryer, Electric		Transformers	
Water Heater, Electric		Smoke Detectors	
Heating, Electric		Electrical Work Estimate Value\$	
Service Equipment			

13. ADDITIONAL INFORMATION REQUIRED POOLS/SPAS/DECKS/FENCES**Notes:**

Building Plan (attach additional sheets):

Township Use Only

14. OTHER DEPARTMENT APPROVALS

Signature	Date	Signature
Fire Marshall		
PA DER		
Planning Commission		
Bucks Co. Dept. of Health		
Water & Sewer Dept.		
PA DOT/Highway Occupancy		
Township Engineer		
Lighting Official		
Zoning Official		

15. VALIDATION

	Date	Number	Permit/Inspection Fee
Building Permit			\$
Electrical Permit			\$
Plumbing Permit			\$
Mechanical Permit			\$
Sprinkler Permit			\$
		Plan Review Fee	\$
		Certificate of Occupancy Fee	\$
		Other Fee	\$
		TOTAL FEES	\$

Make Checks
Payable to
WARRINGTON TWP