

HAYCOCK TOWNSHIP

640 Harrisburg School Road Quakertown, PA 18951
(215) 536-3641 fax (215) 536-7211

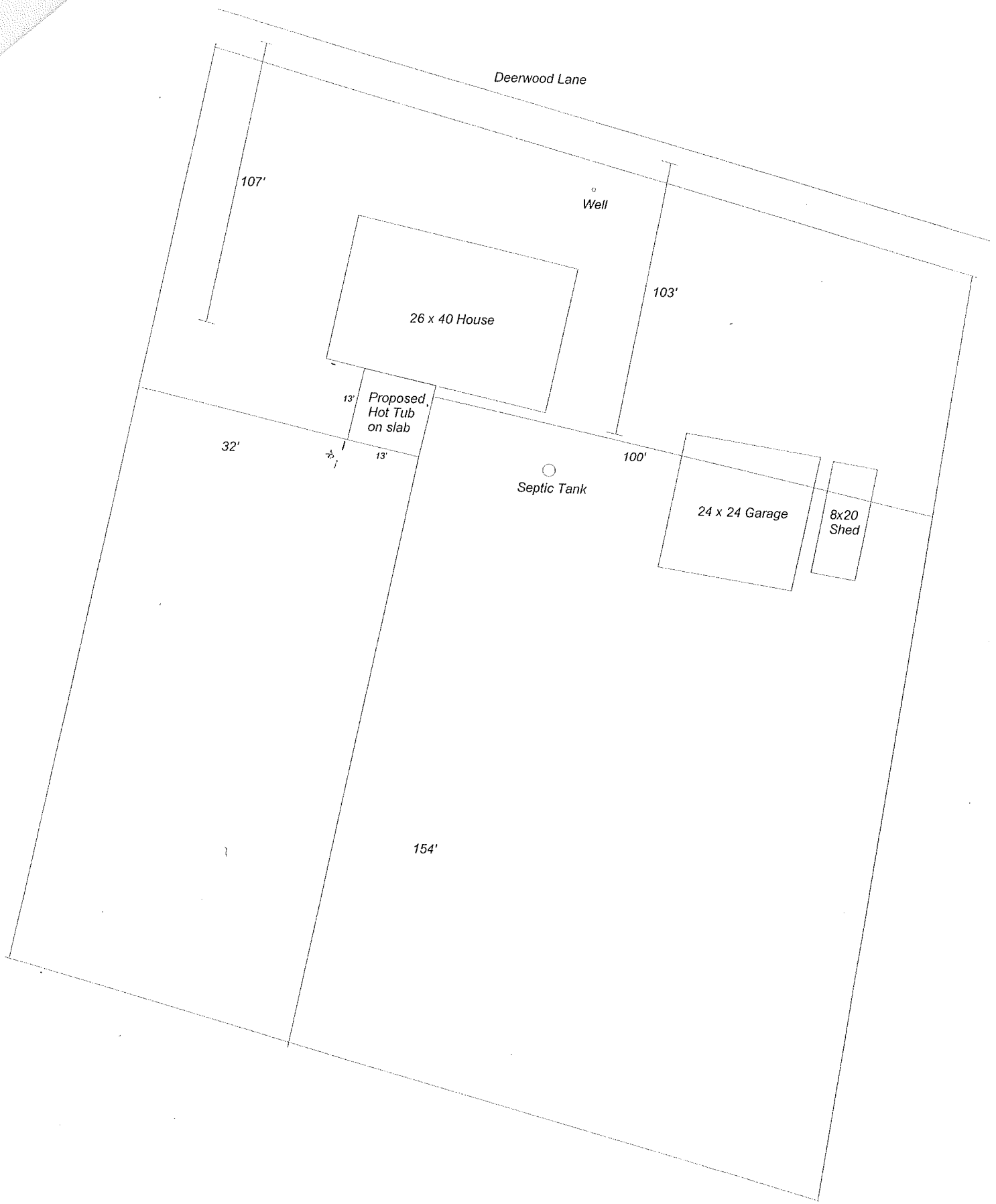
ZONING and BUILDING APPLICATION REQUIREMENTS

Application will not be considered complete for review and no permit will be issued until all requirements have been submitted and approved.

Single Family Dwelling

- ___1. **Zoning and Building Application**
—2 copies of the Building Plans are required
- ___2. **Plot Plan** -with location, dimensions, and distances to property lines of proposed structure. The site layout plan shall also include all existing structures, all woodlands -including trees to be removed, as well as delineation of any other required environmental features.
- ___3. **Pre-construction Stakeout**
- ___4. **Bucks County Conservation District Review** –application through them directly if 1000 sq ft or more of earth disturbance
- ___5. **Driveway Permit** - Township road is our application with **\$25 fee**, State road requires PennDOT application.
- ___6. **Septic Permit** -must be in owner's name
- ___7. **Well -Certificate to Operate** from BCDH
- ___8. **Stormwater Management Application with Fee of \$100**, plus a separate **\$400 escrow fee**
-both payable to Haycock Township
- ___9. **Zoning Fee of \$200** payable to Haycock Township
a **Building Fee TBD** after plans are reviewed, payable to Richland Township and to be received by our office before permit is issued.
- ___10. **Worker's Comp. and Liability Insurance Information** of contractor
- ___11. **Any other information deemed necessary to determine compliance.**

SAMPLE PLOT PLAN



S.O.
4/15/04
DKK

HAYCOCK TOWNSHIP
640 Harrisburg School Road
Quakertown, PA 18951
215-536-3641 FAX 215-536-7211
Building Dept 215-538-4066

Zoning and Building Permit Application

Tax Parcel No. _____ Zoning District _____ Date _____

Zoning Permit No. _____ Building Permit No. _____

Zoning Fee _____ Building Fee _____

Stormwater _____ Conservation District _____
Fee Collected Approval Date Approval Date

Zoning Final Inspection _____ Building Final Inspection _____

.....Above For Office Use

Applicant _____ Phone _____ E-mail _____

Address _____

Owner (if different from applicant) _____ Phone _____

Address _____

Location of Property _____

Contractor _____ License No. _____

Address _____ Phone _____

Proposed Use

Total square feet of proposed footprint _____ of complete structure _____

Number of Bedrooms _____ Number of Floors _____ Height _____ Cost: _____

All applications must include **SITE LAYOUT PLAN** indicating:

- * Location and dimensions of proposed structure including distances from property lines
- * Location and dimensions of all existing structures, driveway, well, septic
- * Environmental features (ponds, streams, woodlands, etc.)

Dimensions and locations presented by applicant will be deemed accurate.

All applications must include: 2 copies of the Building Plan

IT IS THE APPLICANTS RESPONSIBILITY TO:

- * Contact the office for a pre-construction stakeout
- * Schedule inspections with Building Dept as needed
- * Contact the township office for a final inspection

Consent : **INITIAL HERE** _____ YES or NO - I hereby give my consent allowing Haycock Township representatives to enter my property without prior notice in order to make the above inspections.

I CERTIFY THAT THIS INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT NON-COMPLIANCE WITH THE DESIGN RECOMMENDATIONS SET FORTH BY THE ROADMASTER AND/OR ENGINEER MAY JEOPARDIZE THE ISSUANCE OF ANY OCCUPANCY PERMIT.

Signature _____ Date _____

Application will not be considered for action until all required information is submitted.

..... Below For Office Use

ZONING

_____ Zoning Permit Granted subject to Zoning Officer Directives:

Zoning Department Approval for Project _____ Date _____ Zoning Final Inspection _____ Date _____

BUILDING

_____ Building Permit Granted subject to Building Inspector Directives:

Plumbing certification: _____

Mechanical certification: _____

Building Department Approval for Project _____ Date _____ Building Final Inspection _____ Date _____

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Quakertown, PA 18951
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Highway Occupancy Permit

Tax Parcel No. _____ Zoning District _____

Permit No. _____ Date _____

Applying for: NEW or RECONSTRUCTION of driveway
or OTHER PROJECT in the Right of Way

Fee _____
Specify _____

Date Final Inspection _____

.....Above For Office Use

Applicant _____ Phone _____ E-mail _____

Address _____

Owner (if different from applicant) _____ Phone _____

Address _____

Location of Property _____

Contractor _____ License No. _____

Address _____ Phone _____

Summary of Plan *****Township must visit site BEFORE any construction begins*****

IT IS THE APPLICANTS RESPONSIBILITY TO:

- * Contact the office for a pre-construction stakeout
- * Contact the township office for a final inspection

***Sketch a plot plan indicating: road name, driveway location, direction of water flow, and any natural or man-made characteristics (pins, flags, etc.) that may help in identifying the proposed project. Use the back or another sheet if more space is needed.

I CERTIFY THAT THIS INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT NON-COMPLIANCE WITH THE DESIGN RECOMMENDATIONS SET FORTH BY THE ROADMASTER AND/OR ENGINEER MAY JEOPARDIZE THE ISSUANCE OF ANY OCCUPANCY PERMIT.

Signature

Date

APPLICATION WILL NOT BE CONSIDERED FOR ACTION UNTIL ALL REQUIRED INFORMATION IS SUBMITTED

.....For Office Use

_____ **Permit Denied**

_____ **Permit Granted** subject to the Roadmaster/Engineer Recommendations:

Date

Road Department Approval for Project

Permit Fee

Roadmaster Final Inspection



Bucks County, Pennsylvania

Office of the Secretary
640 Harrisburg School Road
Quakertown, Pa. 18951

HAYCOCK TOWNSHIP STORMWATER MANAGEMENT PLAN APPLICATION

A completed application form with \$100 fee and separate check of \$400 escrow must be submitted with a plot plan and a Permit Application to Haycock Township.

Date: _____ Tax Map Parcel No.: _____

Total parcel size _____ AC Minimum distance between proposed impervious surface and nearest downstream property boundary _____ FT Total amount of new impervious surface _____ SF

Exemption of Stormwater Management Ordinance Requirements requested? _____ Yes _____ No

Name of Applicant: _____ Telephone No. (____) _____

Mailing Address: _____

Name of Property Owner: _____ Telephone No. (____) _____

Mailing Address: _____

Name of Design Engineer: _____ Telephone No. (____) _____

Mailing Address: _____

Residence or Name of Development: _____

Type of development proposed: _____ Residential _____ Industrial _____ Commercial _____ Other

Checklist of Stormwater Management Plan Requirements:

_____ Three (3) copies of plan (signed and sealed by responsible engineer).

_____ Three (3) copies of stormwater narrative and calculations (signed and sealed by responsible engineer).

_____ Three (3) copies of onsite soil test results (certified by responsible soil scientist) for feasibility of use of infiltration stormwater management facilities.

_____ Three (3) copies of the "Engineer's Opinion of Probable Cost" for use in determining the Performance Guarantee.

I hereby certify that to the best of my knowledge, the above information is true and correct.

Signature: _____
Applicant or Agent for Applicant

Date: _____