

Township of Upper Southampton  
 939 Street Road  
 Southampton, PA 18966  
 215-322-9700

**\*\* OFFICE USE ONLY \*\***

Date Received: \_\_\_\_\_  
 Zoning District: \_\_\_\_\_  
 Tax Parcel No.: \_\_\_\_\_  
 Zoning Permit No.: \_\_\_\_\_

**APPLICATION FOR ZONING PERMIT**

Application is hereby made for a permit in conformity with requirements of the Pennsylvania Municipalities Planning Code, Current Local Zoning Ordinance and any amendments thereto for the following described work:

**I. PROPERTY INFORMATION**

Residential  Non-Residential

Municipality: \_\_\_\_\_ Development: \_\_\_\_\_  
 Proposed Work Site Address: \_\_\_\_\_ Tax Parcel ID: \_\_\_\_\_  
 (Acres or Sq.ft.)  
 Lot Width: \_\_\_\_\_ Lot Depth: \_\_\_\_\_ Lot Size: \_\_\_\_\_  
 Property within Floodplain  Yes  No If Yes, Market Value of Property: \_\_\_\_\_  
 Do you have an elevation certificate  Yes  No If Yes, please attach a copy with submission  
 Watershed (Check One)  Neshaminy Creek  Pennypack Creek  Poquessing Creek

**II. CONTACT INFORMATION**

**Applicant:** \_\_\_\_\_ email: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 (If different than Applicant)  
**Property Owner:** \_\_\_\_\_ email: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
**Contractor:** \_\_\_\_\_ email: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**III. CONSTRUCTION**

Erect a Structure  Principal  Accessory Size (length, width and height) i.e. 20' L, 15' W, 12' H: \_\_\_\_\_  
 Add to a Structure  Principal  Accessory Size (length, width and height) i.e. 20' L, 15' W, 12' H: \_\_\_\_\_  
 Change of Use Existing: \_\_\_\_\_ Proposed: \_\_\_\_\_  
 Erect a Fence Height: \_\_\_\_\_ (feet)  Install a Swimming Pool  In-ground  Above-ground  
 Erect a Sign (Provide sign proof along with plot plan) Sign Copy Change (Provide sign proof)  
 Type:  Wall Mounted  Ground  Roof  Other (Please Specify): \_\_\_\_\_  
 Height (distance from top of sign to ground): \_\_\_\_\_ (feet) Size (length and height of sign face) i.e. 6' L x 18" H: \_\_\_\_\_  
 Off-street Parking Area or Parking Lot  Establish a Home Occupation  
 Other (Please Specify): \_\_\_\_\_

**IV. PROJECT DESCRIPTION** Provide a narrative which explains the proposed project based upon the items checked in the previous section (III)

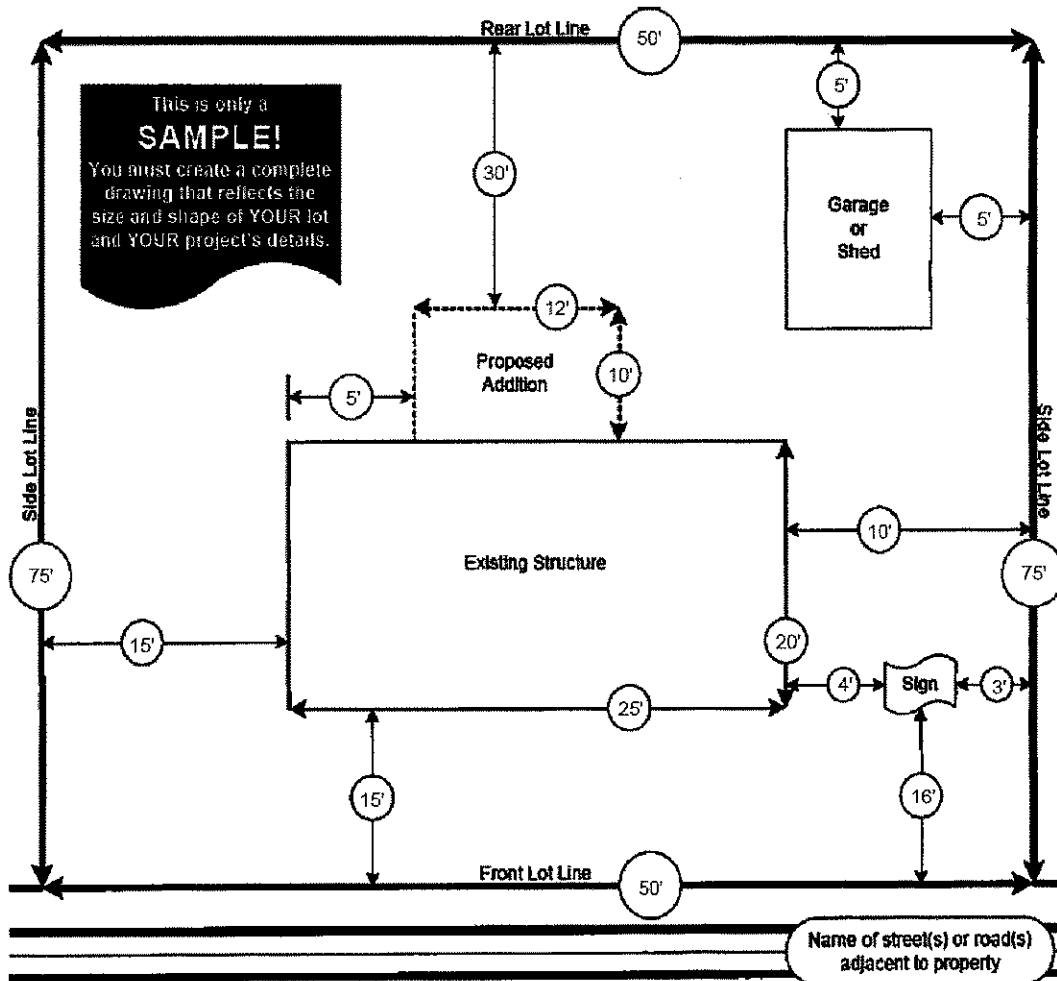
Cost of Construction: \_\_\_\_\_ Street Access:  Municipal  State  Other

Sewage Disposal:  Public Sewer  On-Lot Water Supply:  Public Sewer  On-Lot

**V. PLOT PLAN**

**PLEASE INCLUDE THE FOLLOWING:**

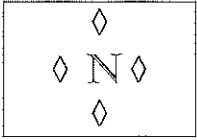
1. Indicate the length of all property lines
2. Show all existing and proposed structures on property and the distance from the structure to the property lines
3. Indicate name of streets abutting property
4. Identify all bodies of water and show distance to proposed structure(s)
5. Show septic, well, driveway locations and distance from new structure to septic
6. Label distances from principal structure to proposed accessory structure(s)
7. Physically mark property lines & proposed location of structure onsite prior to submitting zoning application



**IMPERVIOUS COVERAGE**

Proposed: \_\_\_\_\_ (Sq.ft.)      Existing: \_\_\_\_\_ (Sq.ft.)

Address: \_\_\_\_\_



**PLOT PLAN**

*\* A survey or other prepared plot plan can be attached, in lieu of this sketch sheet.*

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_ Permit No.: \_\_\_\_\_

I hereby authorize the Municipality Staff to perform inspections related to this application as may be required between the hours of 8 AM and 8 PM. The applicant understands and agrees to comply with the Pennsylvania Municipal Planning Code and Zoning Ordinance, as amended. All information supporting this application shall become part of the records of the Municipality, cannot be returned and may be examined by the public at any time during the normal working hours of the Municipal Office.

Application is hereby made for a permit to erect or alter a structure which shall be located as shown on the attached diagram/plot plan and/or to use the premises for the purposes herewith. The information which precedes, together with the plot plan/diagram, is made part of this application by the undersigned. It is understood and agreed by the applicant that any error, misstatement or misrepresentation of material, fact, either with or without intention on the part of this applicant, such as might or would operate to cause a refusal of this application or any change in the location, size or use of structure or land made subsequent to the issuance of this permit without approval of the Zoning Officer, shall constitute sufficient ground for the revocation of this permit.

**Applicant Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Owner Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**BOTH SIGNATURES ARE REQUIRED IF APPLICANT IS DIFFERENT THAN OWNER**

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**Meeting Dates (if applicable)**

Historic: \_\_\_\_\_ Approved:  Yes  No

ZHB: \_\_\_\_\_ Approved:  Yes  No

Planning: \_\_\_\_\_ Approved:  Yes  No

Other: \_\_\_\_\_ Approved:  Yes  No

**PA UCC Construction Permit Required:**  Yes  No

**Action Taken:**  Approved  Denied

Zoning Fee: \_\_\_\_\_

Application Fee Paid: \_\_\_\_\_

Balance Due: \_\_\_\_\_

Date Paid: \_\_\_\_\_

**Zoning Officer Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

If the permit is denied, the zoning officer shall note the applicable sections/basis of denial below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

A copy of the zoning officer's official letter of denial shall be attached to this application.