

NEWTOWN TOWNSHIP, BUCKS COUNTY, CODES DEPARTMENT
100 MUNICIPAL DRIVE, NEWTOWN, PA 18940
Phone: 215-968-2800 Fax: 215-968-5931 Website: www.newtownpa.gov
COMMERCIAL/NON-RESIDENTIAL APPLICATION FOR USE/BUILDING PERMIT

PERMIT NO. _____ SUBDIVISION _____ LOT NO. _____ STREET _____

INSTRUCTIONS – Complete Pages 1, 2 & 3 (Page 4 is for Office Use Only) and note the following:

- Complete & submit one (1) application with one (1) sets of plans (architectural, MEPs, etc.) - Large plans over 11" x 17" to be submitted in pdf format & emailed to bldginspector@newtownpa.gov *Hardcopies & pdfs must be signed and sealed*
- General contractor (GC) and subs listed on this form (see page 3 for Electric, Plumbing & HVAC & Fire sub codes) must be registered with Newtown Township (see website for Contractor Registration Form).
- Submit with UCC checklist (see under Permit Supplements on website)
Newtown Sewer Authority (NBCJMA) review is required for ALL TENANT FITOUT submissions plus INTERIOR RENOVATIONS that include PLUMBING WORK. In addition, the NBCJMA approves grease traps for FOOD ESTABLISHMENTS – contact 215-968-4109 or email info@newtownnbcjma.org to inquire about plan submissions. NBCJMA approval is required PRIOR TO PERMIT ISSUANCE Bucks County Dept. of Health review is required for FOOD ESTABLISHMENTS - contact (215) 345-3318 - BCBH REVIEW/APPROVAL LETTER is required to be submitted PRIOR TO PERMIT ISSUANCE FOR FOOD ESTABLISHMENTS

APPLICATIONS WILL NOT BE ACCEPTED UNLESS CONSIDERED COMPLETE – "TBD" INFORMATION IS UNACCEPTABLE

DESCRIPTION OF PROPOSED WORK: _____

ADDRESS _____ SUITE NO. _____ ZONING DISTRICT _____

SUBDIVISION _____ TAX PARCEL #29- _____

LOT NO. _____ LOT SIZE _____ CORNER LOT? _____

COST OF IMPROVEMENT		DIMENSIONS & INFORMATION	
Building/Construction	\$	Number of stories	UCC USE GROUP
<i>To be installed, but not included in the above cost</i>		Total sq.ft. of floor area <i>All floors based on exterior including garage, attic, basement crawl space</i>	(Please specify)
Electrical	\$		PRINCIPAL TYPE OF CONSTRUCTION (check one)
Plumbing	\$	Total land area, sq. ft.	☐ Type I (A/B) ☐ Type II (A/B) ☐ Type III (A/B) ☐ Type IV ☐ Type V (A/B)
HVAC Mechanical	\$	Number of bathrooms ☐ Full ☐ Partial Other (elevator, etc.) \$	OWNERSHIP (check one)
TOTAL COST OF IMPROVEMENTS	\$	Number of off-street parking spaces	☐ Private (Individual, corporation, nonprofit, etc.) ☐ Public (Federal, State or Local Government)

IDENTIFICATION – to be completed by ALL applicants

Name	Mailing Address – Number, street, city, state and zip code	Telephone #
1. Owner or Lessee		
Email address:		
2. Contractor		
Email address:		
3. Architect or Engineer		
Email address:		

I hereby certify 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. ***SIGN BELOW***

SIGNATURE OF APPLICANT* **ADDRESS** **APPLICATION DATE**

*I verify that my responses to these questions are true and correct to the best of my knowledge, information and belief. I understand that false statements herein are subject to the penalties of 18 PA C.S.A. Section 4904, relating to unsworn falsification to authorities.

BRIEF EXPLANATION OF WORK TO BE DONE AND MATERIALS TO BE USED

DATE APPLICANT SENT PLANS TO NBCJMA (SEWER AUTHORITY): _____

***SEE NOTE ON PAGE 1 – THE PERMIT CANNOT BE PROCESSED IF THIS INFORMATION IS NOT PROVIDED**

IMPERVIOUS SURFACE BREAKDOWN

NOTE: PROJECTS OVER 1,000SQ.FT. OR MORE IN SIZE WILL REQUIRE A REVIEW BY THE TOWNSHIP ENGINEER AND WILL ALSO REQUIRE REVIEW FROM THE BUCKS COUNTY CONSERVATION DISTRICT (BCCD)

ADDRESS _____

SQUARE FEET ALLOWED _____ **ALLOWED** _____ %

LOT SIZE (SQUARE FEET) _____

HOUSE (SQUARE FEET) _____

DRIVEWAY (SQUARE FEET) _____

WALKWAY (SQUARE FEET) _____

PATIO, MISC. (SQUARE FEET) _____

TOTAL EXISTING IMPERVIOUS SURFACE (SQ. FT.) _____ %

PROPOSED CONSTRUCTION (SQUARE FEET) _____

**TOTAL IMPERVIOUS SURFACE
EXISTING AND PROPOSED (SQ. FT.)** _____ %

a. **Impervious surfaces:** Impervious surfaces are those surfaces which do not absorb rain. All buildings, parking areas, driveways, roads, sidewalks, and any areas in concrete, asphalt and stone shall be considered impervious surfaces within this definition. In addition, other areas determined by the municipal engineer to be impervious within the meaning of this definition will also be classed as impervious surfaces.

b. **Impervious Surface Ratio:** The impervious surface ratio is a measure of the intensity of use of a piece of land. It is measured by dividing the total area of all **impervious** surfaces within the site by the base site area.

MUST COMPLY WITH PA UCC (TO BE COMPLETED BY THE APPLICANT)

*****GC AND SUBCONTRACTORS MUST BE REGISTERED WITH NEWTOWN TOWSHIP*****

ELECTRICAL: Contractor Name _____ Phone # _____

Effective 1/1/23: Electrical plan review and inspections will be handled in-house

KW Generators (please see "Mechanical" section below)

FEE (office use only)
\$

FIRE PROTECTION/SUPPRESSION:

Contractor Name _____ Phone # _____

NO.	ALARM SYSTEM	FEE (office use only)	NO.	SPRINKLER SYSTEM	FEE (office use only)	NO.	OTHER SYSTEM	FEE (office use only)
	☐ New ☐ Alter/Add			☐ New ☐ Alter/Add			☐ New ☐ Alter/Add	
	Alarm devices (i.e. heat, smoke, pulls, etc.)	\$		Sprinkler Heads	\$		Devices	\$
	Supervisory devices (i.e. tampers, low/high air)	\$		Standpipes	\$		Heads	\$
	Signaling Devices (i.e. horn/strobes, & bells)	\$		Fire Pump	\$		Etc.	\$

PLUMBING:

Contractor Name _____ Phone # _____

NO.	FIXTURE/EQUIPMENT	FEE (office use only)	NO.	FIXTURE/EQUIPMENT	FEE (office use only)
	Water Closet	\$		Gas Piping	\$
	Urinal/Bidet	\$		Sewer Pump _____ H.P.	\$
	Bath Tub	\$		Interceptor/Separator	\$
	Lavatory	\$		Backflow Preventor	\$
	Shower	\$		Grease Trap	\$
	Floor Drain	\$		Hot Water Boiler	\$
	Sink	\$		Garbage Disposal	\$
	Dishwasher	\$		Water Connection	\$
	Drinking Fountain	\$		Sewer Service Connection	\$
	Washing Machine	\$		Other	\$
	Hose Bibb	\$		Other	\$
	Water Heater	\$		TOTAL FEE.....	\$
<u>Type of Sewage Disposal</u> (check one) ☐ Public ☐ Private (septic tank, etc.)			<u>Type of Water Supply</u> (check one) ☐ Public ☐ Private (well, cistern)		

MECHANICAL:

Contractor Name _____ Phone # _____

KW GENERATOR (Denote fuel source)

Air Conditioner _____ Heating Unit _____ BTU

FEE (office use only)
\$

- ☐ 1 ton ☐ > than 2 tons up to 3 tons ☐ > than 4 tons up to 5 tons
☐ > than 1 ton up to 2 tons ☐ > than 3 tons up to 4 tons ☐ > than 5 tons

Principal Type of Heating Fuel (check one)

☐ Gas ☐ Oil ☐ Electric ☐ Coal ☐ Other _____

FOR OFFICE USE ONLY

FEE SCHEDULE	AMOUNT	FEE SCHEDULE	AMOUNT
*PROFESSIONAL SERVICE AGREEMENT	\$	PA UCC STATE FEE	\$
PLAN REVIEW	\$	PARK & RECREATION	\$
USE, ZONING	\$	TRAFFIC IMPACT (TSAI)	\$
BUILDING	\$	TRAFFIC IMPACT (TSAII)	\$
ELECTRICAL	\$	OCCUPANCY FEE	\$
PLUMBING	\$	CONDITIONAL USE FEE	\$
MECHANICAL	\$	HARB FEE	\$
FIRE	\$	OTHER	\$

ADDITIONAL PERMITS REQUIRED OR OTHER JURISDICTION APPROVALS

PERMIT OR APPROVAL	DATE OBTAINED	PERMIT OR APPROVAL	DATE OBTAINED
Bucks County Board of Health		Township Engineer *(PSA required)	
Bucks County Conservation District		Township Solicitor *(PSA required)	
Certificate of Appropriateness H.A.R.B. B.O.S.		Zoning Hearing Board	
Final Plan Approval		Conditional Use	
Joint Historic (Demolition)		Zoning Officer	
DEP		Other	

COMMENTS & CONDITIONS:
