NEWTOWN TOWNSHIP, BUCKS COUNTY, CODES DEPARTMENT
100 MUNICIPAL DRIVE, NEWTOWN, PA 18940
Phone: 215-968-2800 Fax: 215-968-5931 Website:www.newtownpa.gov

RESIDENTIAL APPLICATION FOR PLAN EXAMINATION, USE AND BUILDING PERMIT

PERMIT NO. _____ SUBDIVISION _____ LOT #. _____ STREET ADDRESS _____

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

- **Application shall be accompanied by (1) set of construction drawings and/or architectural plans (Large plans over 11" x 17" must also be submitted in pdf format or email to bldginspector@newtownpa.gov**
- **Additions/Expansions: Complete the impervious surface coverage section on page 2 and submit the required site plan** ***(Please do not use this form if applying for a permit proposing open deck(s), patio(s), walkway(s), fencing, shed(s) and/or a driveway expansion (refer to the Residential Accessory Structure Application form on the website)***
- **HVAC Permits: Submit manufacturer's specification sheets on all equipment to be installed**
- **Generator Permits: Submit manufacturer's specs, a gas diagram, an electrical diagram, & a plot plan noting where the generator is being installed on the property.** ***NOTE: A PECO gas meter review is required for all additions that could increase the buildings' gas main size (PECO: 215-956-3270)***
- **Residential EV Chargers: Submit manufacturer's specification sheets and an electrical diagram**

NOTE: GC AND SUBS ARE REQUIRED TO FURNISH THEIR PA HIC REGISTRATION CARD W/THIS SUBMISSION

DESCRIPTION OF PROPOSED WORK: _____

ADDRESS_____ 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 _____ *(Please specify)*
To be installed, but not included in the above cost		Total sq.ft. of floor area *All floors based on exterior including garage, attic, basement crawl space*			CONSTRUCTION TYPE *(check)* ☐ Type I (A/B) ☐ Type II (A/B) ☐ Type III (A/B) ☐ Type IV ☐ Type V (A/B)
Electrical	$				
Plumbing	$	Total land area, sq. ft.			
HVAC Mechanical	$	Number of bathrooms	Full		OWNERSHIP *(check one)* ☐ Private *(Individual, corporation, nonprofit, etc.)* ☐ Public *(Federal, State or Local Government)*
			Partial		
Other *(elevator, etc.)*	$	Number of bedrooms			
TOTAL COST (ADD ABOVE)	$	# OF PARKING SPACES			

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			
PA HIC #			
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 fals 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

IMPERVIOUS SURFACE BREAKDOWN

APPLICATIONS FOR ADDITIONS, SUNROOMS, ROOFED DECKS, ABOVE GROUND POOLS, ETC., MUST BE ACCOMPANIED BY A SITE PLAN INDICATING PROPERTY DIMENSIONS, SHOW ALL EXISTING AND PROPOSED STRUCTURES, INCLUDE MEASUREMENTS FROM THE PROPOSED STRUCTURE(S) TO NEAREST PROPERTY LINES, AND INCLUDE ALL IMPERVIOUS SURFACES (EXISTING & PROPOSED)

NOTE: PROJECTS OVER 1,000SQ.FT. OR MORE (SITE RELATED) WILL REQUIRE A REVIEW BY THE TOWNSHIP ENGINEER AND WILL ALSO REQUIRE REVIEW FROM THE BUCKS COUNTY CONSERVATION DISTRICT (BCCD) - PLEASE REFER TO THE GRADING PERMIT APPLICATION NOTED ON THE WEBSITE

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

ELECTRICAL

Contractor Name_____ Phone #_____

PA. Registration #_____

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

KW Generators *(please see "Mechanical" section below)*

FEE *(office use only)*
$

PLUMBING

Contractor Name_____ Phone #_____

PA. Registration #_____

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……..	$_____

Type of Sewage Disposal (*check one*)	Type of Water Supply *(check one)*
□ Public	□ Public
□ Private (septic tank, etc.)	□ Private (well, cistern, et. al)

MECHANICAL

Contractor Name_____ Phone #_____

PA. Registration #_____

KW GENERATOR *(Denote fuel source)* _____

Residential HVAC Systems

Heating Unit _____BTU

Air Conditioner

☐ 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

FEE *(office use only)*
$

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: