

SELLERSVILLE BOROUGH
 140 E. Church Street
 Sellersville, PA 18960
 Phone: 215-257-5075
 Fax: 215-257-6163



ZONING
 PERMIT APPLICATION

A. ZONING PERMIT TYPE: (Please circle appropriate application type below)

New/change of use Earth disturbance (Total Sq. Ft. _____)	Accessory structure Agricultural	Sign	Other Fence (excl. agricultural)
Residential _____	Commercial _____		Other _____
Size _____	No. of Stories _____		Use _____
Total bldg. coverage of lot _____%	Total Impervious coverage of lot _____% (Commercial only)		
Structural Setbacks from Property Line (Ft.) Front _____ Rear _____ Left _____ Right _____			

B. IDENTIFICATION

Tax Map Parcel # _____ Lot Size _____ Lot Width _____ Zoning Dist. _____

Project Location (Address) _____

Owner _____ Address _____

Phone _____ E-Mail _____

Contractor _____ Address _____

Phone _____ E-Mail _____

C. OTHER PERMITS & PLAN REQUIREMENTS (PLEASE READ AND CHECK APPROPRIATE BOXES BELOW)

1. PLEASE ATTACH COPIES OF PERMITS FROM ALL OTHER AUTHORITIES HAVING JURISDICTION ASSOCIATED WITH THIS APPLICATION.

BORO HIGHWAY PERMIT	(Y) (N)	PA DOT HOP	(Y) (N)	PA DEPT. OF AG.	(Y) (N)	PA DEPT. L & I	(Y) (N)	PA DEP	(Y) (N)
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2. AN EROSION AND SEDIMENT POLLUTION CONTROL PLAN MUST BE DEVELOPED FOR ALL EARTH DISTURBANCE ASSOCIATED WITH THIS ZONING PERMIT SHOWING ALL EXISTING IMPROVEMENTS AND PROPOSED. PLEASE ATTACH A COPY OF THIS PLAN WITH THE SUBMISSION OF THIS APPLICATION. THE BUCKS COUNTY CONSERVATION DISTRICT (BCCD) MAY BE REQUIRED TO REVIEW THIS PLAN TO DETERMINE ITS ADEQUACY. A NPDES CO. PERMITTEE LETTER MAY BE REQUIRED FROM THE (BCCD) PRIOR TO ISSUANCE OF A BUILDING OR ZONING PERMIT.

NOTE: A ZONING PERMIT MAY NOT BE ISSUED UNTIL VERIFICATION OF THESE PERMITS PLAN REQUIREMENTS ARE PROVIDED TO THE ZONING OFFICE.

D. ESTIMATED COST OF CONSTRUCTION (Material & Labor) _____

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E. NEW BUSINESS

1. BRIEFLY DESCRIBE BUSINESS TYPE (RETAIL,WHOLESALE,MANUFACTURING, ETC.) AND ACTIVITY:

2. HOURS OF OPERATION: _____

3. NUMBER OF EMPLOYEES: _____

4. EXPECTED DELIVERY TIMES AND METHODS: (TRACTOR TRAILER, CARGO VAN, ETC. _____

F. FENCE

1. ATTACH DRAWING OF PARCEL SHOWING LOCATIONS OF EXISTING BUILDINGS AND DISTANCES TO PROPERTY BOUNDARIES. SHOW LOCATIONS OF NEW FENCE.

2. FENCE TYPE, SIZE AND MATERIALS: _____

G. DETACHED ACCESSORY STRUCTURES

UTILITY SHEDS UNDER 200 SQUARE FEET AND ONE (1) STORY OR LESS REQUIRE A ZONING PERMIT ONLY. GARAGES AND SHEDS OVER 200 SQUARE FEET AND/OR OVER ONE (1) STORY IN HEIGHT REQUIRE A BUILDING PERMIT.

1. ATTACH A DRAWING OF PARCEL SHOWING LOCATION OF EXISTING BUILDINGS AND DISTANCES TO PROPERTY BOUNDARIES. SHOW LOCATIONS OF PROPOSED ACCESSORY STRUCTURES.

H. SIGN PERMIT (SEE CODE OF THE BOROUGH OF SELLERSVILLE ZONING, ARTICLE VIII, §160-85 THROUGH 100)

1. BEFORE ANY PERMIT IS GRANTED FOR THE ERECTION OF A SIGN OR SIGN STRUCTURE, PLANS AND SPECIFICATIONS SHALL BE FILED WITH THE BOROUGH SHOWING THE FOLLOWING:

- (A) THE DIMENSIONS OF THE SIGN AND, WHERE APPLICABLE, THE DIMENSIONS OF THE WALL SURFACE OF THE BUILDING TO WHICH IT IS TO BE ATTACHED.
- (B) THE DIMENSIONS OF THE SIGN'S SUPPORTING MEMBERS.
- (C) THE MAXIMUM HEIGHT OF THE SIGN.
- (D) THE PROPOSED LOCATION OF THE SIGN IN RELATION TO THE FACE OF THE BUILDING, IN FRONT OF WHICH OR ABOVE WHICH IT IS TO BE ERRECTED.
- (E) THE PROPOSED LOCATION OF THE SIGN IN RELATION TO THE BOUNDARIES OF THE LOT UPON WHICH IT IS TO BE SITUATED. PROVIDE A SITE DRAWING WITH DIMENSIONS.
- (F) WHERE THE SIGN IS TO BE ATTACHED TO AN EXISTING BUILDING, A CURRENT PHOTOGRAPH OF THE FACE OF THE BUILDING TO WHICH THE SIGN IS TO BE ATTACHED.
- (G) THE MATERIALS, FINISH AND DETAILS OF CONSTRUCTION, INCLUDING LOADS, STRESSES, ANCHORAGE AND ANY OTHER PERTINENT ENGINEERING DATA.
- (H) PLANS FOR SIGNS WITH A PROPOSED AREA GREATER THAN 100 SQUARE FEET TO BE PREPARED AND SEALED BY A STRUCTURAL ENGINEER.

NOTE: SUBMISSION OF THIS APPLICATION GRANTS AUTHORIZED REPRESENTATIVES OF SELLERSVILLE BOROUGH ACCESS TO THIS PROPERTY AT ANY REASONABLE TIME TO INSPECT AND VERIFY THE PROPOSED USE AND/OR STRUCTURE CONTAINED WITHIN THIS APPLICATION IS IN COMPLIANCE WITH ALL ZONING ORDINANCES.

THE INFORMATION PROVIDED ON THIS APPLICATION BY THE APPLICANTS OWNER IS TRUE AND CORRECT TO THE BEST OF THEIR KNOWLEDGE AND BELIEF.

DATE: _____ SIGNATURE OF OWNER _____

FOR OFFICE USE ONLY

PERMIT NO. _____ APPLICATION NO. _____ ZONING APPEAL CASE _____

TOTAL FEES _____ RECEIPT NO. _____ CHECK NO. _____

APPLICATION REC'D DATE _____ BY _____ PERMIT ISSUE DATE _____ BY _____