

# Upper Makefield Township

1076 Eagle Road | Newtown, PA 18940 | p 215.968.3340 | f 215.968.9228 | [www.uppermakefield.org](http://www.uppermakefield.org)

Zoning Occupancy & Zoning Use Permit Application	
Date:	Tax Map Parcel Number: 47-
Applicant Name	Applicant E-mail Address
Applicant Phone # ( )	Additional #
Applicant Address	City / Zip
Location of Project	City/ Zip
Sub-Division Name	Estimated Cost of Project \$
Owner Name	Owners E-mail Address
Owner Address:	City / Zip
Owner Phone # ( )	Additional #
Hazardous Materials List	Building Square footage
Description of Proposed Improvement Or Attach Description	Other Business or Use of Property &/ or Building
<p><i>~ This application must be accompanied by a signed and dated diagram, drawn to scale showing the following: lot size, location of all existing and proposed structures including dimensions of structures and dimensions to property lines, and impervious surface calculations. Stone driveways and pool water areas are considered impervious.</i></p> <p><i>~ Please note that it can take up to three weeks for processing permit applications. Applications that are not complete are subject to delays in processing.</i></p> <p><i>~ If upon inspection, this information is found to be incorrect, this permit will be revoked and the persons involved will be considered in violation of the Zoning Ordinance.</i></p>	<p><b>IMPERVIOUS CALCULATIONS</b></p> <p>Current Impervious Coverage: _____ sq. ft.</p> <p>+ Proposed Impervious Coverage: _____ sq. ft.</p> <p>Equals = _____ sq. ft.</p> <p>/ By the Sq. footage of entire lot _____ sq. ft.</p> <p>= Impervious Surface Ratio _____ %</p>

Applicants Signature \_\_\_\_\_ Date \_\_\_\_\_

Save first, then email completed forms to [codeoffice@uppermakefield.org](mailto:codeoffice@uppermakefield.org)



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A copy of a PA Registration/License must be submitted with this application.

A Certificate of Liability Insurance naming Upper Makefield Township as the Certificate holder must be submitted with this application.

## WORKERS' COMPENSATION INSURANCE COVERAGE INFORMATION

Name of Applicant: \_\_\_\_\_

Business Name: \_\_\_\_\_

Federal or State Employer I.D.

No. \_\_\_\_\_

### Exemptions:

The undersigned swears or affirms that he/she is not required to provide Workers' Compensation Insurance under the provisions of Pennsylvania's Workers' Compensation Law for one of the following reasons:

\_\_\_\_\_ Contractor with no employees. Contractor prohibited by law from employing any individual to perform work pursuant to this building permit unless contractor provides proof of insurance to the Township.

\_\_\_\_\_ Homeowner who elects to perform all of the work without contracting or hiring others to assist. Homeowner must submit a copy of your homeowner's insurance, the declaration form is sufficient.

\_\_\_\_\_ Religious exemption under Workmen's Compensation Law.

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### Notary:

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Signature

Stamp:

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***It is understood and agreed by this application 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 cause refusal to this permit or any change in use of structure of land made subsequent to the issuance of this permit with the approval of the Zoning Director, shall constitute sufficient ground for the revocation of this permit.***

Applicants Signature \_\_\_\_\_ Date \_\_\_\_\_

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