

Upper Makefield Township

1076 Eagle Road | Newtown, PA 18940 | p 215.968.3340 | f 215.968.9228 | www.uppermakefield.org

OUTDOOR FIRE PIT

Provide a diagram of the proposed location of the fire pit and submit a diagram to the Planning & Zoning Department. Include measurements of the fire pit in relation to buildings, property lines, overhead wires, trees or any combustible materials in the area.

- The minimum required distance from a structure shall be 25 feet (15 feet for gas fueled) where the pit size is 3 feet or less in diameter and 2 feet or less in height.
- Installations shall be made of bricks, concrete blocks, heavy gauge metal or other suitable non-combustible components with enclosed sides, a minimum height of 18" from ground level and a maximum width of 36 inches.
- A spark arrestor mesh screen with a maximum opening of ½" expanded metal (or equivalent) to contain sparks shall be provided for over the fire for all fire pits which are not gas fueled.
- Only clean fuel shall be used (clean, dry wood or charcoal.) Refuse or waste materials shall not be burned as this will create dense smoke or offensive odors.
- Gas installations shall require manufacture's specifications including UL# of the appliance to be submitted with permit application.
- Recreational fires shall be constantly attended until the fire is extinguished.
- A minimum of one portable fire extinguisher or other approved on-site fire-extinguishing equipment (dirt, sand, garden hose, etc.) shall be available for immediate utilization.

Required application forms:

Zoning Permit application

Certificate of Liability Insurance from Contractor

"Upper Makefield Township" listed in the Certificate Holder box

Worker's Compensation Information



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Date: _____, 20____ TMP No.: _____ Permit No.: _____

ZONING OCCUPANCY/ ZONING USE PERMIT APPLICATION & WORKER'S COMPENSATION INFORMATION

Applicant's Name: _____ Email: _____

Applicant's Address: _____

Applicant's Phone: _____ Fax: _____

Address of Project: _____ Subdivision: _____

Owner's Name: _____ Email: _____

Owner's Address: _____

Owner's Phone: _____ Fax: _____

Description of Proposed Improvement: _____

Other Business or Use of Property and/or Building: _____

Number of Employees: _____ Building Square Footage: _____

Description of Hazardous Materials: _____

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 (see below). Stone driveways and pool water areas are considered impervious.

Note: 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.

Current Impervious Coverage: _____ sq. ft. + Proposed Imp. Cov. _____ sq. ft. =
_____ sq. ft. ÷ sq. footage of entire lot _____ sq. ft. = Impervious Surface Ratio
_____%.

(See Reverse Side)

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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 the use of structure of land made subsequent to the issuance of this permit, with approval of the Zoning Officer, shall constitute sufficient ground for the revocation of this permit.

Zoning District: _____ Applicant Signature: _____

() DENIED () APPROVED FOR USE AS: _____

Planning & Zoning Director _____ Date: _____

WORKER'S COMPENSATION INSURANCE COVERAGE INFORMATION

Insurance Information:

Name of Applicant: _____

Federal or State Employer I.D. No.: _____

Exemption:

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.

_____ Religious exemption under Workmens' Compensation Law.

APPLICANT

ADDRESS

Sworn to and subscribed before me this _____ day of _____, 20____.

NOTARY