

Fee _____ Permit No. _____
B.C.T.M. No. _____ Date _____

Richland Township
1328 California Road, Suite A
Quakertown, PA 18951
215-536-4066 phone
215-538-3020 fax
www.richlandtownship.org

**RICHLAND TOWNSHIP
APPLICATION FOR ZONING PERMIT**

Name of Applicant _____ Address _____ Telephone No. _____

Street Address or Location of Property _____

Authorized Agent: Name _____ Address _____ Telephone No. _____

Contractor: Name _____ Address _____ Telephone No. _____

Property Size: Width Depth Area: (Sq. Ft./acres) Present Zoning

Proposed Use _____

Class of Work New Alter Add Move Demolition/Razing

Existing Structures on property: _____

1. Is the street on which proposed work fronts paved? Yes No
Is the street accepted by the Township? Yes No
2. Does above-named property provide adequate surface drainage? Yes No
3. What facilities for disposal of sanitary sewage are to be provided?
Public sewer Septic tank Other
4. Do any natural water courses, or drains, pipes, culverts, open ditches or any other arterial water courses discharge water upon the lot or land? Yes No
Or from the lot or land? Yes No
5. Is the work to be performed to be located within any land subdivisions, as defined in the Richland Township Subdivision Ordinance? Yes No
If answer is yes, was the Subdivision Plan approved by the Township Planning Commission? Yes No
Subdivision Name _____
6. Has this parcel ever been before the Zoning Hearing Board? Yes No
7. If answer is yes, give date of appearance. _____
8. If razing, complete the Historical Preservation Requirements Section 1003 b.

I hereby certify that all the above statements and the statements contained in any papers or plans submitted herewith are true to the best of my knowledge and belief.

Signature of Applicant _____

NOTE: This form is NOT a permit. Your permit will be issued upon approval of your application by the Zoning Officer. (Instructions for completing this form are on the instruction sheet accompanying this form.)

Issued By: _____

Inspected By _____

Date: _____



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EMERGENCY CONTACT LIST

Date: _____

Name of Business: _____

Address: _____

Phone Numbers: Bus: _____ Fax: _____

E-mail address _____

Occupancy /Type of Business: _____

Total Square Footage: _____ (Tenants shall include storage space- Landlords shall include total building area)

Name of Owner of Building: _____

Address: _____

Phone Numbers: Bus: _____ Fax: _____

Name of Lessee: _____

Address: _____

Phone Numbers: Bus: _____ Fax: _____

Name of Emergency Contacts:

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Name of Fire and Burglary Alarm Company: _____

Phone Numbers: Bus: _____ Fax: _____

APPLICATION FOR FIRE INSPECTION

Date: _____

Fee: _____

Name of Business: _____

Address: _____

Phone Numbers: Bus: _____ Fax: _____

Occupancy/Type of Business: _____

Total Square Footage: _____ (Tenants shall include storage space,
Landlords shall include total building area)

Name of Owner of Building: _____

Address: _____

Phone Numbers: Bus: _____ Fax: _____

Property Management Company: _____

Address: _____

Phone Numbers: Bus: _____ Fax: _____

Name of Lessee: _____

Address: _____

Phone Number: _____ Fax: _____

Name of Emergency Contact: _____

Address: _____

Phone Number: _____ Cell: _____

Name of Fire and Burglary Alarm Company: _____

Phone Numbers: Bus: _____ Fax: _____

Statement

I hereby acknowledge that I have read this application and that the information given is correct; and that I am the owner or occupant of the premises, or duly authorized to act in the owner's or occupants' behalf. I understand this application does not constitute a permit, and it is not a license.

Signed

Title

Date

Office Use Only

Date Application Received: _____

Date Application Approved: _____

Date Inspection Completed: _____

Date Reinspection Completed: _____

Date Certificate Issued: _____

Inspection Endorsements: _____

Total Fee Paid: _____

Date Rec'd.

Amount Paid

**RICHLAND TOWNSHIP BUCKS COUNTY
APPLICATION FOR CERTIFICATION OF USE AND OCCUPANCY**

____ Existing Commercial Building **

____ New Commercial Building

Applicant/Owner _____

Business Name _____

Mailing Address _____

Business Address _____

Tax Map Parcel No. _____

Local Business Phone: () ____ - ____ Corp./Main Office Phone: () ____ - ____

Local Contact Person: _____ Title: _____ Ext: _____

Corp. Contact Person: _____ Title: _____ Ext: _____

Detailed Description of Proposed Business Activities:

** Is Facility to be Altered? Yes ___ No ___ If yes, Describe in Detail Proposed Changes

DECLARATION: I declare that the statements hereon are true, full and correct to the best of my knowledge.

Applicant's Signature: _____ Date: _____

FOR TOWNSHIP USE ONLY

ZONING OFFICER

____ APPROVED ____ DISAPPROVE

COMMENTS:

FIRE INSPECTION

____ APPROVED ____ DISAPPROVE

COMMENTS:

BUILDING CODE OFFICIAL

____ APPROVED ____ DISAPPROVE

COMMENTS:

SIGNATURE

TITLE _____ DATE _____

SIGNATURE

TITLE _____ DATE _____

SIGNATURE

TITLE _____ DATE _____

TEMPORARY CERTIFICATE OF OCCUPANCY _____

DATE ISSUED _____

FINAL CERTIFICATE OF OCCUPANCY _____

DATE ISSUED _____