

**NEWTOWN TOWNSHIP, BUCKS COUNTY
 CODES DEPARTMENT, 100 MUNICIPAL DRIVE
 NEWTOWN, PENNSYLVANIA 18940
 TEL. 215-968-2800 exts. 241/242/265/Inspector-243/Zoning-213
 FAX 215-968-5931
 www.twp.newtown.pa.us**

**APPLICATION FOR
 PLAN EXAMINATION, USE
 AND BUILDING PERMIT**

Name of Business: _____

INSTRUCTIONS

1. COMPLETE PAGES 1, 2 AND 3
2. SUBMIT 2 SETS OF CONSTRUCTION AND/OR SITE PLANS FOR RESIDENTIAL
3. SUBMIT 3 SETS OF CONSTRUCTION AND/OR SITE PLANS FOR NON-RESIDENTIAL

LOCATION	ADDRESS _____	(No.)	(Street)	ZONING DISTRICT _____
OF	SUBDIVISION _____	TAX MAP PARCEL NO. _____		
BUILDING	LOT NO. _____	LOT SIZE _____	CORNER LOT? _____	

PROPOSED WORK

COST	<i>(Omit cents)</i>	DIMENSIONS	
Cost of improvement	\$	Number of stories	
<i>To be installed but not included in the above cost</i>			
a. Electrical	\$		
b. Plumbing	\$		
c. Heating, air conditioning	\$		
d. Other (elevator, etc.)	\$	Total square feet of floor area, all floors, based on exterior including garage, attic, basement crawl space	
TOTAL COST OF IMPROVEMENT	\$		

IDENTIFICATION – to be completed by all applicants

	Name	Mailing Address - Number, Street, City, State, and Zip Code	Tel. No.
1. Owner or Lessee			
			Email
2. Contractor ; Registration No			
			Email
3. Architect or Engineer			
			Email

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 we agree to conform to all applicable laws of this jurisdiction.

Signature of Applicant**	Address	Application Date
--------------------------	---------	------------------

**I verify that my response to these questions are true and correct to the best of my knowledge, information and belief. I understand that false statements herein are subject to the penalties of 18 PA C.S.A. Section 4904 relating to unsworn falsification to authorities.

PERMIT NO. _____
 SUBDIVISION _____
 LOT NO. _____
 STREET _____

ELECTRICAL

Contractor Name _____

Reg. # _____

Tel.# _____

QTY.	SIZE	ITEMS	FEE (Office Use Only)
_____		Lighting Fixtures	_____
_____		Receptacles	_____
_____		Switches	_____
_____		Detectors	_____
_____		Light Poles	_____
_____		Motors — Fract. HP	_____
_____		Emergency & Exit Lights	_____
_____		Communications Points	_____
_____		Alarm Devices/F.A.C. Panel	_____
_____		_____
_____		Pool Permit/with UW Lights	_____
_____		Storable Pool/Spa/Hot Tub	_____
_____		KW Elec. Range/Receptacle	_____
_____		KW Oven/Surface Unit	_____
			(Continued)

QTY.	SIZE	ITEMS	FEE (Office Use Only)
_____		KW Elec. Water Heater	_____
_____		KW Elec. Dryer/Receptacle	_____
_____		KW Dishwasher	_____
_____		HP Garbage Disposal	_____
_____		KW Central A/C Unit	_____
_____		HP/KW Space Heater/Air Handler	_____
_____		KW Baseboard Heat	_____
_____		HP Motors 1/+ HP	_____
_____		KW Transformer/Generator	_____
_____		AMP Service	_____
_____		AMP Subpanels	_____
_____		AMP Motor Control Center	_____
_____		KW Elec. Sign/Outline Light	_____
_____		_____
_____		_____
			TOTAL FEE _____

PLUMBING

Contractor Name _____

Reg. # _____

Tel.# _____

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
_____	Water Closet	\$ _____
_____	Urinal/Bidet	_____
_____	Bath Tub	_____
_____	Lavatory	_____
_____	Shower	_____
_____	Floor Drain	_____
_____	Sink	_____
_____	Dishwasher	_____
_____	Drinking Fountain	_____
_____	Washing Machine	_____
_____	Hose Bibb	_____
_____	Water Heater	_____
		(Continued)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
_____	Fuel Oil Piping	_____
_____	Gas Piping	_____
_____	Steam Boiler	_____
_____	Hot Water Boiler	_____
_____	Sewer Pump	_____
_____	Interceptor/Separator	_____
_____	Backflow Preventer	_____
_____	Greasetrap	_____
_____	Sewer Connection	_____
_____	Water Service Connection	_____
_____	Stacks	_____
_____	Other _____	_____
		TOTAL FEE _____

MECHANICAL

Contractor Name _____

Reg. # _____

Tel.# _____

Estimated Cost of Mechanical Work \$	FEE (Office Use Only)	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
		(Continued)

FEE (Office Use Only)		

		TOTAL FEE _____

Newtown, Bucks County, Joint Municipal Authority

15 South Congress Street – P.O. Box 329

Newtown, PA 18940

(215) 968-4109

NON-RESIDENTIAL EDU APPLICATION

Important Information Below:

Please complete all information contained within this application and return to the address listed below.

The information that you provide will be used to determine if the Newtown, Bucks County, Joint Municipal Authority (NBCJMA) has adequate capacity in the sanitary sewer system to support your proposed property/business location.

In addition to the following information, the NBCJMA may also require plans be submitted to the office at the address listed below. All restaurants MUST submit plans depicting ALL seating without exception.

*****If adequate capacity is not currently allocated for your proposed location, additional capacity must be purchased from the NBCJMA before you can open. Any location that opens and does not provide the following information and/or purchase the required fees may have the water service shut off to the property until all fees and forms are submitted to the NBCJMA.*****

**If you have any questions about how to complete this packet please feel free to contact our office at
(215) 968-4109
15 S. Congress Street
Newtown, PA 18940**

Newtown, Bucks County, Joint Municipal Authority

15 South Congress Street – P.O. Box 329

Newtown, PA 18940

(215) 968-4109

I. General Information

Business/Company Name _____

Proposed Business Location (Street & Number) _____

Business Address: Street _____

Suite/PO _____

City/St/ZIP _____

Business Phone# _____ Fax# _____ Cell# _____ Email _____

Business Service/Product Description (be specific) _____

Chemicals Discharged Into Sanitary Sewer _____

Are You Leasing the Property Location? Yes No

- If Yes, provide owner's name and phone # _____

II. Specific information (check ALL that apply) **Plans/Drawings may be required**

Circle Yes or No for All Answers and Fill in all spaces that apply

Complete additional sheet at the end of the packet for any additional information that you wish to provide

TOTAL square footage of indoor space _____

a) Is location a restaurant? Yes No

- If yes, TOTAL number of seating if restaurant _____ **includes bar seating and outdoor seating**

b) Is location a medical doctor office? Yes No

- If yes, TOTAL number of exam rooms if doctors office _____

c) Is location a dentist office? Yes No

- If yes, TOTAL number of dental chairs if dentist office _____

d) Is location a warehouse? Yes No ~ If yes, does warehouse also have office space? Yes No

e) Is location a retail gas station? Yes No ~ If yes, does gas station also has a car wash? Yes No

f) Is location a hair salon? Yes No

- If yes, TOTAL number of work stations/chairs _____

Newtown, Bucks County, Joint Municipal Authority

15 South Congress Street – P.O. Box 329

Newtown, PA 18940

(215) 968-4109

- g) Is location a hotel or motel? Yes No
- If yes, TOTAL number of units with kitchen and/or laundry facility in unit _____
 - If yes, TOTAL number of units with kitchen and/or laundry facility in unit and more than one bedroom _____
 - If yes, TOTAL number of units without kitchen and/or laundry facility _____
- h) Is location a meal caterer? Yes No
- If Yes, are meals served on premises? Yes No
 - If Yes, are meals served off premises? Yes No
- i) Is location a general hospital? Yes No
- If yes, TOTAL number of beds _____
- j) Is location a rest home/nursing home? Yes No
- If yes, TOTAL number of beds _____
- k) Is location a funeral home? Yes No
- If yes, TOTAL number of viewing rooms _____
- l) Is location a public or private school? Yes No
- If yes, TOTAL number of pupils AND employees _____
- m) Is location a boarding school? Yes No
- If yes, TOTAL number of pupils _____
- n) Is location a day care school? Yes No
- If yes, TOTAL number of pupils AND employees _____
- o) Is location a Self-service Laundromat? Yes No
- If yes, TOTAL number of washing machines _____
- p) Is location a Cleaner (Dry Cleaner) _____
- q) Is location a theater? Yes No
- If yes, TOTAL number of seats _____
- r) Is location a bowling alley? Yes No
- If yes, TOTAL number of lanes _____

Representative Signature _____ Print Name _____

Representative Name (Print) _____ Position _____

Representative Phone Number _____ Date _____

Previous Tenant (if known) _____

