

**NEWTOWN TOWNSHIP, BUCKS COUNTY, PA
CODES DEPARTMENT
APPLICATION FOR CONDITIONAL USE APPROVAL**

- ♦ Submit 1 copy of the application & attachments and 28 copies of plans
- ♦ If submitting simultaneously with application for Subdivision or Land Development, please submit the following (PLANS SHOULD ONLY INCLUDE SITE PLAN/LAYOUT/PARKING FOR CONDITIONAL USE ONLY):
 - ♦ 1 Copy of Application & Attachments
 - ♦ 28 Copies of plans **FOLDED**
 - ♦ **(17 FULL SIZE 24" X 36" PLAN + 11 REDUCED 11 1/2 " X 17" PLAN)**
- ♦ Your application will not be accepted unless all items below are completed and the required fees are submitted.
- ♦ All applicants must answer I - III and either IV or V

I. APPLICANT IDENTIFICATION:

PROJECT # _____

Name of Business

Applicant Name

Street Address

City/Town

State

ZIP

()

Phone

()

Attorney/Agent

Fax

Is the person making this application the owner of the subject property? _____

II. PROPERTY IDENTIFICATION DATA:

Location

Tax Map Parcel Number

Lot size

Zoning District

Present use of property: _____

Nature of improvements:

Present: _____

Proposed: _____

The applicant shall attach to the application, a true and correct copy of the current deed for all of the properties affected by the application. If the applicant claims to be the equitable owner of the property, or properties, the applicant shall attach to the application, a true and correct copy of the agreement(s) with the legal owner that created the applicant's equitable ownership.

III. PROPOSED USE OF PREMISES: USE GROUP _____ in accordance with Article VIII of the
Joint Municipal Zoning Ordinance (JMZO) (i.e. E-1, D-1, etc.)

Description of proposed use: _____

Area of floor space to be devoted to this use: _____

Days & Hours of operation: _____

Anticipated employees: Average _____ Maximum _____

Shift worked (# of employees) First _____ Second _____ Third _____

V. INDUSTRIAL AND COMMERCIAL USES ONLY:

Will proposed use of the premises result in:

- The dissemination of noxious, toxic or corrosive fumes, smoke, odor or dust? _____
- Unusually loud noise or vibration? _____
- Unusually high potential for fire or explosion? _____
- Objectionable heat, glare, or radiation beyond property lines? _____
- Major electrical interference beyond property line? _____
- The discharge of untreated sewage or industrial waste into any stream or the pollution of surface or underground water? _____
- The creation of any other objectionable condition that will endanger public health and safety? _____
- Does the use require storage of hazardous materials or waste on site? _____

If your answer to any of these questions is yes, please explain in detail on separate sheet and attach

The undersigned agrees that all information provided on this form is true and correct.

VI. APPLICATION FEES, COST & PROFESSIONAL AGREEMENT

	Filing Fee Non-Refundable	
	Filing Fee	Escrow*
Residential	\$560.00	\$1,250.00
Non-Residential	\$815.00	\$2,750.00

*Applicants shall execute a Professional Services Agreement with the Township to establish a professional services escrow account for expenses incurred by the Township for professional consultants as permitted by the Pennsylvania Municipalities Planning Code. Fees for professional consultants shall be charged to the applicant at the same hourly rate as the consultants charge the Township.

The professional services escrow account must be replenished within fifteen (15) day from receipt of written notice by the Township when it is depleted to fifty (50%) of the original amount, and further costs are anticipated by the Township. A 12% administration fee will be added to all invoices.

Any unused escrow account balance will be refunded to the applicant upon written request within twelve (12) months of the final hearing. Escrow funds not returned to the applicant within the twelve (12) month period following project completion shall be forfeited to the Township.

My signature constitutes an agreement to comply with the requirements of a Professional Services Agreement establishing an escrow account for expenses incurred by the Township for professional consultants, including but not limited to, engineering, inspections, and surface repairs.

 Signature of Applicant Date Signature of Owner Date_

Received on: _____

\$ _____ \$ _____
 Filing Fee Escrow Deposit

Received site and/or land development plans

 Date Zoning Officer

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

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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 _____

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- 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) _____

