

NEWTOWN TOWNSHIP

**APPLICATION FOR ADMINISTRATIVE CONDITIONAL USE
APPROVAL UNDER REQUIREMENTS SET FORTH IN
RESOLUTION NO. 2007-R-10**

*****YOUR APPLICATION MUST INCLUDE A COPY OF THE ORIGINAL CONDITIONAL USE
APPROVAL FOR USE OR LOCATION TO BE ACCEPTED FOR REVIEW + \$125.00 fee**

APPLICANT IDENTIFICATION:

Name of Business

Applicant Name _____ Street Address _____

City/Town _____ State _____ Zip _____ Phone _____

Fax # _____

Attorney/Agent _____

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

PROPERTY IDENTIFICATION DATA

Location _____ Tax Parcel Number _____

Lot Size _____ Zoning District _____

Present Use of Property: _____

Nature of Improvements:

Present: _____

Proposed: _____

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

DAYS & HOURS OF OPERATION: _____

NEWTOWN TOWNSHIP

Application for Administrative Conditional Use, Pg. 3

Do you anticipate this use to have any effects on traffic or highway safety on neighboring streets or roads? If so, please state: _____

Why is this use suitable for the property in question and in the best interests of the community? _____

To the best of your knowledge, is your proposal in accordance with all applicable Zoning Ordinance and other Municipal Ordinances? If not, please describe deviations _____

Site Plan attached as required by Section 1302.B of Zoning Ordinance _____

INDUSTRIAL AND COMMERCIAL USES ONLY

Will your proposed use of the premises result in:

The dissemination of noxious, toxic or corrosive fumes, smoke, odor or dust? _____

Usually loud noise or vibration? _____

Unusually high potential for fire or explosion? _____

Objectionable heat, glare or radiation beyond property line? _____

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? _____

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

*****ATTACH THE ORIGINAL CONDITIONAL USE APPROVAL FOR USE OR LOCATION TO THIS FORM.**

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

_____	_____	_____	_____
Signature of Applicant	Date	Signature of Owner	Date

Received on: _____

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) _____

