

Milford Township

2100 Krammes Road
Quakertown, PA 18951

Instructions and Application for a Building and Zoning Permit

Important Phone Numbers

Milford-Trumbauersville
Area Sewer Authority (215) 538-1417

Milford-Trumbauersville Area
Water Authority (215) 538-9018

Bucks County Board of Health
(215) 536-6500

Bucks County Board of Assessments
(215) 340-8288

Procedures

Generally all applications will be reviewed within ten (10) working days upon submission.

NOTE: It is the property owner's responsibility to ensure that all proposed subdivisions, land developments and structures conform to the Milford Township Subdivision and Land Development Ordinance, Milford Township Portion of the Quakertown Area Zoning Ordinance and all applicable building and fire codes. Please call the township building at 215-536-2090 if you need assistance.

1. **All applications** require a plot plan, **drawn to scale**, of the parcel also to include:
 - Property lines and existing structures.
 - Proposed structure and distances to the property lines.
 - Location and type of boundary markers (iron pins or monuments).
 - Floodplain, floodplain soils, ponds and wetlands.
 - Forested land and any proposed clearing.
 - Water supply and sewage disposal.

NOTE: Section 771 of the Water Ordinance states: Where private water supply is to be installed for new construction, certification as to capacity and quality by a licensed well driller is required prior to issuance of a building permit for the structure serviced.

- Contours showing slope of the land.
- All easements and rights-of-way(s).
- All existing and proposed underground utilities.

NOTE: Section 617 of the Milford Township subdivision ordinance requires all electric, telephone and communication service facilities, both main and service lines, be provided by underground cables.

2. Applications for structures must include:

Three sets of plans, drawn to scale, Digital copies are preferred.

Approved building plans must be available at the construction site at all times.

- Floor plans for all floors including basement.
- A typical cross-section from base of foundation.
- Dimensions of structural members, insulation and sheathing.
- Elevations showing gravity drainage of basements or the seal and signature of an engineer certifying the design of a basement otherwise drained.
- The plans must be signed and sealed or otherwise approved by a registered architect or engineer.
- Certification of Equitable Ownership (for new construction) a copy of the deed or agreement of sale including property description.
- Certificate of Sewage facilities: A copy of the on-lot sewage disposal permit from the Bucks County Department of Health, or a certification of sewage capacity from the Milford-Trumbauersville Area Sewer Authority.
- Certification of Road Access. A copy of the highway occupancy permit from PennDOT for access to state roads or make an application for highway occupancy for access to Township roads.
NOTE: A PennDOT highway occupancy permit is required pursuant to section 420 of the act of June 1, 1945 (P.L. 1242, No. 428), known as the “State Highway Law” before access to a state highway is permitted.
- Certificates of liability insurance from ALL contractors.
- Approvals, when required, by the Pennsylvania Department of Labor & Industry.

General Information

- Generally all applications are reviewed within ten (10) working days upon submission
- All permits must be obtained, and fees paid prior to starting construction.
- Permit cards must be visibly displayed on site.
- All construction must commence within six (6) months from the date issued.
- Permit fees are non-refundable.
- Approved building plans must be available at the construction site at all times.
- Instructions on inspection requirements/steps for completion will be provided with approved permits.

Office Received:

Application for Residential Zoning & Building Permits

Owner Information (Required)

Project Address: _____ Tax Parcel #: _____
Owner's Name: _____ Phone: _____
Mailing Address: _____ Cell: _____
Email: _____

I authorize township officials and /or engineers to enter this land for site inspections. I agree to conform to all applicable building/zoning laws.

Owner's Signature: _____ Date: _____

Contractor Information *Note: Contractor's Certificate of Insurance must be included in the application packet

Contractor's Name: _____ Phone: _____
Address: _____ Cell: _____
Email: _____

I hereby certify that the proposed work is authorized by the owner of record to make this application as his authorized agent and agree to conform to all applicable building/zoning laws.

Contractor's Signature: _____ Date: _____

Contractor's Registration # _____

***Certificates of Insurance are not required if the homeowner is the contractor.**

Application for a Residential Structure:

Proposed Use: _____ Project Cost: \$ _____ (Required)
Width of Structure: _____ Length: _____ Height: _____
Total square feet of floor area: _____ (All floors, basement and attic; exterior dimensions)

(Check only the work that you are applying for)

Single Family Dwelling

- Single Family Dwelling
- Alteration
- Addition
- Repair / Replace
- Foundation Only

Accessory Structures

- Attached Garage
- Detached Garage
- Storage Building / Pole Building
- Other: _____

Dwelling & Structure Permit Only

Principal Frame Type

- Masonry (bearing wall)
- Wood
- Structural Steel
- Reinforced Concrete
- Other: _____

Principal Heating/Cooling Type

- None Heat Pump
- Gas Air conditioning
- Oil Wood/Pellet Stove
- Coal
- Other: _____

New Structure Will Have:

Water: Public Private None
Sewage EDU Private None

Residential Development (Builders Only)

Subdivision: _____ Lot Number: _____
House Model: _____ Acreage or Square Footage of Lot: _____
Setbacks: Front: _____ Side: _____ Rear: _____

**ALL SECTIONS MUST BE COMPLETELY FILLED OUT
IF NOT, IT WILL BE RETURNED WHICH WILL DELAY PERMITTING.**

Plumbing Permit

Contractor: _____ Phone: _____
 Mailing Address: _____
 Contractor Registration # _____ Email: _____
 Plumbing license # _____

Fixture	#	Fixture	#	Fixture	#
Toilets		Bathtubs		Dishwasher	
Floor Drain		Lavatories		Garbage Disposal	
Urinals		Showers		Laundry Tray	
Sink		Sump Pump		Sewage Ejectors	
Stack		Washer		Water Heater	
Whirlpool		Water Fountain		Misc. _____	
Total Fixtures:					

I hereby certify that the proposed work is authorized by the owner of record to make this application as his authorized agent and agree to conform to all applicable building/zoning laws.

***Note: Contractor's Certificate of Insurance must be included in the application packet**

Contractor's Signature: _____ Date: _____

Mechanical Permit

Contractor: _____ Phone: _____
 Mailing Address: _____
 Contractor Registration # _____ Email: _____

Fixture	#	Fixture	#	Fixture	#
Boiler		Conv. Burner		Incinerator	
Air Cond.		Sprinkler System		Gas Range (Res.)	
Vent. Fan		Comm. Washer		Gas Range (Comm.)	
Gas Piping		Gas Tank		Water Heater (Comm.)	
Range Hood		Forced Air		Whirlpool	
Wall Heater		Alarm System		Misc. _____	
Total Fixtures:					

I hereby certify that the proposed work is authorized by the owner of record to make this application as his authorized agent and agree to conform to all applicable building/zoning laws.

***Note: Contractor's Certificate of Insurance must be included in the application packet**

Contractor's Signature: _____ Date: _____

Electrical:

Contractor: _____ Phone: _____

Mailing Address: _____

Contractor Registration # _____ Email: _____

Fixture	#	Fixture	#	Fixture	#
Lighting Fixtures		Kitchen Range		Existing / New Service _____ Amps	
Heat Pump		Oil Burner		Spa / Hot Tub	
Central Air		Wall Heater		Forced Air	
Switches		Solar		Electric Hot Water Heater	
Receptacles		Boiler		Dishwasher	
Generator		Ventilation Fan		Misc. _____	
Total Fixtures:					

I hereby certify that the proposed work is authorized by the owner of record to make this application as his authorized agent and agree to conform to all applicable building/zoning laws.

***Note: Contractor's Certificate of Insurance must be included in the application packet**

Contractor's Signature: _____ Date: _____

Other:

Contractor: _____ Phone: _____

Mailing Address: _____

Contractor Registration # _____ Email: _____

Description of work:

Office Use Only

TMP#: _____

Permit #: _____

Sequence #: _____

Other Agencies Notified: () Fire Marshal () BCCD () BOS () BCDH

PART I - Zoning

Township Driveway Permit Required? () No () Yes; Date Issued: _____ Permit #: _____

Water District? () N/A; () No; () Yes, if so, hookup paid or waived by BOS? () Yes

Sewer: () N/A; () Public, if so, EDU paid? () Yes; () Private, if so, permit issued? () Yes

Zoning District: _____ Lot Size: _____

In House Comments: _____

Zoning Approval: _____
Init. Date

PART II - Building

Building: Width: _____ Length: _____ Height: _____ Foundation: _____

Type: _____ Use Group: _____ Zoning Section: _____ Square Ft: _____

Comments to the Applicant: _____

Building Approval: _____

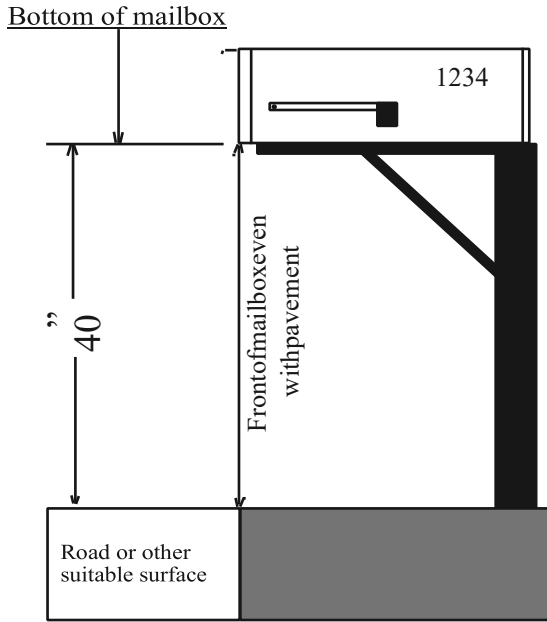
PART III - Permit Fees & Contributions

362-41 Building	\$ _____
362-41 Sprinkler System	\$ _____
362-40 Zoning	\$ _____
362-43 Plumbing	\$ _____
362-42 Mechanical	\$ _____
362-46 L&I	\$ _____
31-392 Traffic	\$ _____
17-392 Open Space/Rec	\$ _____
362-48 Sewage Mgmt.	\$ _____
 TOTAL FEE DUE:	 \$ _____

The approach to the mailbox should be a hard level surface (gravel, cinders or stone). The approach should be kept clear of snow, garbage cans, vehicles and other objects. Whenever possible, the box should be located so that the carrier's vehicle is off the pavement when serving it. Boxes cannot extend into the right-of-way. The post must be of adequate size and strength and be kept in good condition.

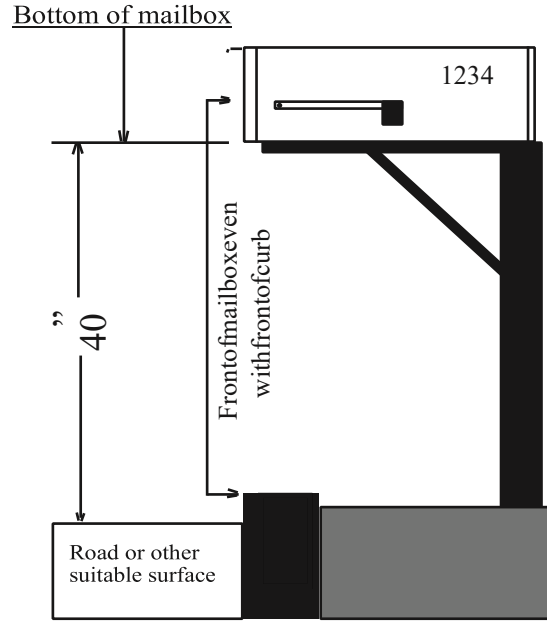
Mailbox Installation

(No Curb)

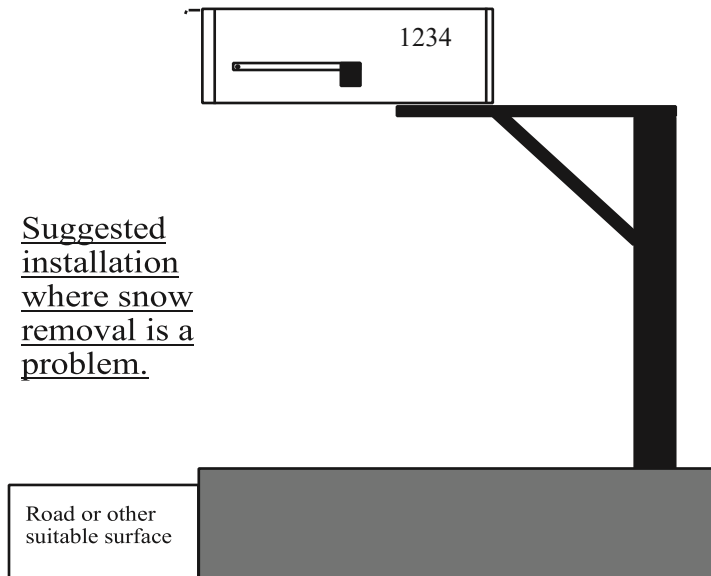


Mailbox Installation

(Curbed Road)



Suggested
installation
where snow
removal is a
problem.



Fire Sprinkler Permit

Contractor: _____ Phone: _____

Mailing Address: _____

Contractor Registration # _____ Email: _____

System Information:

(All work performed will be per current NFPA 13D, IRC 2904 and local Ordinances)

Square Footage of affected area: _____

Number of Sprinkler Heads installed/ dropped: _____

Make and model of sprinkler head used for installation: _____

Sprinkler piping make and type to be used: _____

(All manufacturers installation procedures are to be followed)

Provide a detailed plan indicating scale, walls, stairwells and stairwell sprinkler coverage, closets, light fixture locations, soffits, ceiling type, existing sprinkler head and proposed sprinkler head locations, and riser location.

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***Note: Contractor's Certificate of Insurance must be included in the application packet**

Contractor's Signature: _____ Date: _____

Contractor's Email: _____