



**WARWICK TOWNSHIP**

Dept. of Planning & Zoning  
1733 Township Greene,  
Jamison, PA 18929  
Phone: (215) 343-6100  
[www.warwick-bucks.org](http://www.warwick-bucks.org)

For Warwick Township Use Only:

Check No.:  
Check amount:  
Rec'd by:

**ANNUAL ZONING USE PERMIT**

Permit #: \_\_\_\_\_

**Site Information**

Property Address: \_\_\_\_\_

Property Owner's Name: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Owner's Name (if different from above): \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Have you been issued an annual zoning use verification permit for the same business, at this location in the past? Yes  No

Select your use from the following list:

Commercial Kennel <input type="checkbox"/>	Camp <input type="checkbox"/>	Bed & Breakfast * <input type="checkbox"/>
Cemetery <input type="checkbox"/>	Mini-warehouse Storage <input type="checkbox"/>	Auto Salvage Recycling Center <input type="checkbox"/>
Extractive Operations <input type="checkbox"/>	Resource Recovery Facility <input type="checkbox"/>	Solid Waste Landfill <input type="checkbox"/>
Trash Transfer Station <input type="checkbox"/>	Junk Yard <input type="checkbox"/>	

\* Annual Inspection Required

Have any changes occurred relating to the operation of this business? Yes  No

If yes, please describe changes \_\_\_\_\_

Has the building or property undergone any alterations, buildings or additions? Yes  No

If yes, were all the appropriate permits pulled for those changes? Yes  No

Print Name of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**To be filled in by Township Staff**

*Permit Submission Checklist*

Permit Deposit. Amount: \$ \_\_\_\_\_  Yes  No  
 2 copies of plot plan showing:  Yes  No  
 Is the application signed?  Yes  No  
 TMP #: 51— \_\_\_\_\_ — \_\_\_\_\_

**Zoning District** (circle one):

RA	R-1	R-1a	R-2	RG	RR	MF-1	MF-2	MHP	C-1	C-2	C-3	V-C	V-CII	LI	O	H
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**Zoning Use:** \_\_\_\_\_

Is the property in the Corridor Overlay District?  YES  NO  
 Is the property in any of the Floodplain Districts?  YES  NO  
 \*Are there any variances, easements or DROS which will affect this permit?  YES  NO

Reviewers	Signature	Date	Status
Zoning Officer			<input type="checkbox"/> Approved <input type="checkbox"/> Denied
Other _____			<input type="checkbox"/> Approved <input type="checkbox"/> Denied

Reason for denial: \_\_\_\_\_

Fees

Zoning: \$ \_\_\_\_\_

Other \_\_\_\_\_ : \$ \_\_\_\_\_

Total Fee charged: \$ \_\_\_\_\_