



West Rockhill Township

1028 Ridge Road
Sellersville, PA 18960
215-257-9063
Fax 215-257-0701

www.westrockhilltownship.org

Per the requirement of the Zoning Ordinance, the applicant or his/her agent must submit seven (7) copies of the application, plans, and details to the Township Manager with the required fee.

Please check one of the following:

Conditional Use Application

Curative Amendment Application

Amendment or Change of Zoning Use Application

Name of Applicant _____

Address _____

Phone Number _____ Email _____

Location of Property _____

Tax Parcel Number 52-_____ Total Acreage _____ Zoning _____

Owner of Record _____

Address _____

Registered Engineer or Surveyor _____

Phone Number _____ Email _____

Proposed Use of Property _____

Section of Zoning Ordinance pertaining to the Request _____

Water Supply Private Public

Sewer On Lot Public

Where applicable, has submission been made to the following:

Supplying Water Authority:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Servicing Sewer Authority:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
PennDOT Highway Permit	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Bucks County Conservation District	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

I hereby certify that I am familiar with submission requirements of the West Rockhill Township Zoning Ordinance and Subdivision and Land Development Ordinance, and, to the best of my knowledge, the application/plan(s) conform to submission requirements.

In the event revised plans are submitted for review which have not been requested in writing by the Township, I authorize an extension of the Township review period of 90 days from the date of receipt by the Township Manager.

Signature of Applicant

Date