

BUILDING PERMIT APPLICATION

Applicant's Name _____

Address: _____

Phone #: Home () _____ Work () _____

Owner's Name _____

Address: _____

Phone #: Home () _____ Work () _____

Job Site Location _____

Subdivision Name _____ Lot # _____

Lot Size _____

Office Use Only
Impervious Percentage Used _____

Type of Improvement (Check one or all that apply)

New Building Addition Alteration

Wrecking Renovation Other

If other is checked above, then describe the type if improvement:

Proposed Use (Residential)

One Family Two Family Other

Garage Hotel/Motel

If other is checked above, then describe the type if improvement:

Proposed Use (Non-Residential)

Amusement Church Industrial Parking

Utility Hospital Office Store

Other If other, then describe the type of improvement: _____

Describe in detail the proposed use of the building, (such as food processing, machine shop, parking garage, laundry building, etc...) If the use of the existing building is being changed from the current use, describe the new use. All applications must be accompanied by 2 sets of complete construction documents. All commercial projects require an engineered design, signed, and sealed by the design professional.

Cost of Improvement

Building _____

Electrical _____

Plumbing _____

Heating/Air _____

Other _____

TOTAL COST \$ _____

Type of Sewage Disposal

Community System

Private (on-lot) System
(include CCHD permit)

Dimensions (Residential)

Sq. Ft. of Basement _____

Sq. Ft. of 1st Floor _____

Sq. Ft. of 2nd Floor _____

Sq. Ft. of Garage _____

Principal Type of Heating

Gas Oil Electric Other (Describe) _____

Facilities

Number of Bedrooms _____

Number of Bathrooms _____

Contractor's Information

Name _____

Address _____

Contact Person _____

Architect/Engineer

Name _____

Address _____

Contact Person _____

Principal Type of Construction

Masonry (Wall Bearing)

Wood Frame

Steel Structure

Reinforced Concrete

Type of Water Supply

Community System

Private (Well)
(include CCHD permit)

Size of Building

Number of Stories _____

Width _____

Length _____

Height _____

Central Air Conditioning Yes No

Number of Off-Street Parking Spaces

Enclosed _____ Outdoor _____

Phone # _____

Phone # _____

Complete this page for all wood frame construction

I. Footings

A. Size

1. Width _____
2. Height _____
3. Depth _____

B. Size of Support Column Footer

1. Size _____
2. Height _____

- C. Is there an elevation change that will require a step in the footer? Yes No
(All steps require bulkheads)

II. Foundation

- A. Poured Concrete.....Wall Thickness _____ Height _____ (From basement floor to outside grade)
- B. Concrete Block.....Wall Thickness _____ Height _____ (From basement floor to outside grade)
- C. Other (specify) _____

III. Sill Plate

- A. Size.....2x6 2x8 Other _____
- B. Type.....Pressure Treated Naturally Durable Wood
- C. Anchors.....10" for poured walls 18" for block walls Spacing _____
(6' max, 1' from corner)
- D. What is the distance from the bottom of the sill plate to the finished grade? _____
(8" min)

IV. GIRDER

- A. Steel.....Size _____ Spacing of support columns _____
- B. Wood.....Size _____ Spacing of support columns _____
- C. Other (explain) _____

V. FLOOR JOISTS

- | | |
|--------------------|--------------------|
| A. First Floor | B. Second Floor |
| 1. Size _____ | 1. Size _____ |
| 2. Spacing _____ | 2. Spacing _____ |
| 3. Max. Span _____ | 3. Max. Span _____ |

VI. Type of Roof

- Engineered Truss (Provide specs)
- Framed

VII. Insulation Thickness

- A. Walls _____ (R-18 min.)
- B. Ceiling _____ (R-38 min.)
- C. Floor _____ (R-18 min.)

VIII. Ceiling Height

- A. Basement _____
- B. First Floor _____
- C. Second Floor _____

IX. Chimney

- A. Type.....Steel Masonry
- B. Type of Appliance....Gas Oil
Solid Fuel (wood, coal, etc.)

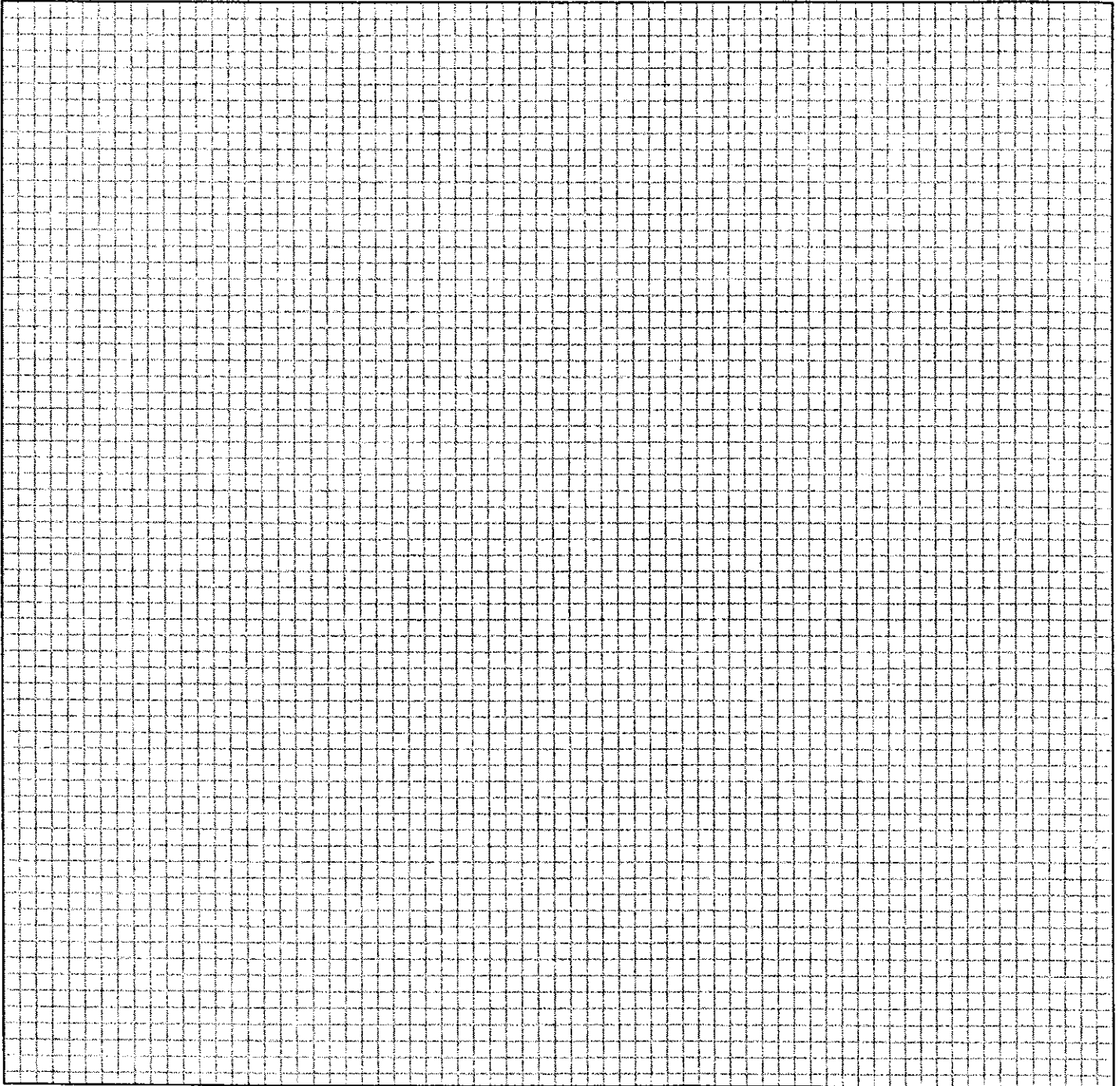
X. Exterior Wall Studs

- A. Size _____ B. Spacing _____ C. Bracing.....Diagonal Plywood

Location of Improvements

Submit a plot plan of the boundary of the property, to scale, showing the following improvements:

- 1) Location of all existing and proposed structures and buildings
- 2) Septic systems (tanks and drain fields)
- 3) All public and private roads that border the property
- 4) All streams, ponds, etc.
- 5) Driveways and parking, loading areas, etc.



I hereby certify that the proposed work is authorized by the owner of record and that I am or have been authorized to by the owner to make this application as his or her authorized agent and that we agree to conform to all applicable laws of jurisdiction. I also certify that I have read the supplemental forms outlining inspection requirements and procedures and agree to comply.

Signature _____ Date _____

APPLICATION / ELECTRICAL PERMIT

Property Owner _____ Phone No. _____

Address _____

Property Location _____

Contractor _____

Address _____ Phone No. _____

Description of work _____

Enter the number and size of fixtures being repaired, replaced or installed

Service Amps _____ # of circuits _____ # of service outlets _____ 110V _____ 220 V _____ Utility # _____

List Devices	Qty	Load/Output	List Devices	Qty	Load/Output	List Devices	Qty	Load/Output
Switches			Dishwasher			Heater		
Receptables			Washer			Hot Water Heater		
Circuit Panel			Dryer					
Lights			Spa/Hot Tub					
Smoke Det.			A/C Unit					

Re-introduction of service: Yes _____ No _____

Cost of Improvement Application Date Signature of Applicant

Permit Fee Issue Date Approved _____

Denied _____

WORKERS' COMPENSATION INSURANCE INFORMATION

A. Is the applicant a contractor within the Pennsylvania Workers' Compensation Law?

_____ Yes _____ No

If the answer is 'yes', complete Sections B, C, and D below, as appropriate.

B. Insurance information

Name of Applicant _____

Federal or State Employer Identification No. _____

Applicant is a qualified self-insurer for workers' compensation.

_____ Check if Certificate is attached

Name of Workers' Compensation Insurer _____

Workers' Compensation Insurance Policy No. _____

_____ Check if Certificate is attached

Policy Expiration Date _____

C. Is the applicant using any subcontractors on this project?

_____ Yes _____ No

If the answer is 'yes', the applicant hereby certifies that any and all subcontractors have presented proof to the applicant of insurance under the Pennsylvania Workers' Compensation Act.

D. Exemption

Complete Section D if the applicant is a contractor claiming exemption from providing workers' compensation insurance.

The undersigned swears or affirms that he/she is not required to provide workers' compensation insurance under the provisions of the Pennsylvania Workers' Compensation Law for one of the following reasons, as indicated:

_____ Contractor with no employees. Contractor is prohibited by law from employing any individual to perform work pursuant to this building permit unless contractor provides proof of insurance to the Township.

_____ Religious Exemption under the Workers' Compensation Law.

Subscribed and sworn to before me this
_____ day of _____, 20__

Signature of Notary Public

My Commission expires: _____

Signature required for all applicants

Signature of applicant _____
Address _____

County of _____
Municipality of _____

East Coventry Township

Plumbing Fixtures Table

B. TECHNICAL SITE DATA

List all Fixtures

TYPE OF WORK:

No.	Fixtures	Fee	NO.	Fixtures	Fee	Fee
	Water Closet/Bidet/Urinal	\$ _____		Garbage Disposal	\$ _____	COLUMN 1 \$ _____
	Bathub	_____		Air Conditioner Unit	_____	COLUMN 2 \$ _____
	Lavatory/Sink	_____		Indirect Connection	_____	SUBTOTAL \$ _____
	Shower/Floor Drain	_____		Sewer Ejector	_____	Minimum Plumbing Fee
	Washing Machine	_____		Grease Trap	_____	(If applicable) \$ _____
	Dish Washer	_____		Interceptor	_____	
	Commercial Dishwasher	_____		Backflow Device	_____	Total Plumbing Fee
	Water Heater	_____		Reduced Pressure	_____	(Greater of Minimum
	Domestic Boiler	_____		Backflow Device	_____	or Subtotal) \$ _____
	Furnace	_____		Vent Stack	_____	
	Steam Boiler	_____		Solar System	_____	
	Water Util. Connection	_____		Other _____	_____	
	Sewer Util. Connection	_____		Other _____	_____	
	Hose Bib	_____		Other _____	_____	
	Water Cooler	_____		Other _____	_____	
	COLUMN 1	\$ _____		COLUMN 2	\$ _____	

C. PLUMBING CHARACTERISTICS

USE GROUP: _____ Current _____ Proposed

Drainage -- Material _____ Size _____

Building Sewer-- Material _____ Size _____

Water Service-- Material _____ Size _____

Venting -- Material _____ Size _____

Estimated Cost of Plumbing Work: \$ _____

D. COMMENTS

Fast-Track Processing Prototype Processing

U.C.C. Form F-130 (4/83)

White = Office Copy

Yellow = Applicant Copy

Pink = Inspectors Copy

PLEASE ATTACH RISER DIAGRAM FOR DWV & WDP

PERMIT NO. # _____

**EAST COVENTRY TOWNSHIP
APPLICATION & ZONING PERMIT**

Owner: _____ Applicant: _____

Address: _____ Address : _____

Phone No. _____ Phone No. _____

ZONING

Zoning District Classification: _____ Lot Size: _____

Building Dimensions: Stories: _____ L: _____ W: _____ H: _____

Current Use: _____ Proposed Use: _____
(if applicable)

DISTANCE TO LOT LINES

Front yard: _____ Side yard: _____ Side yard: _____ Rear yard: _____

IMPERVIOUS SURFACE CALCULATION

Building coverage: _____ s.f. Percent of Lot: _____
(footprint all roof covered buildings, sheds etc., including proposed)

Total Lot coverage: _____ s.f. Percent of Lot: _____
(include all impervious paving, concrete pads, sidewalks etc. plus buildings)

This application must be submitted with (2) plot plans of the property. Drawings should be to scale and showing locations of all buildings and structures with the distances to lot lines and other buildings, location of any streams, ponds, flood plains, slopes, septic, wells etc.

Residential Fee: \$75.00

Commercial Fee: \$150.00

Applicant Signature: _____ Date: _____

Zoning Approved: _____ Date: _____

Fee Paid: \$ _____

Check # _____

East Coventry Township

Required Inspections for your permit# _____

You must request your inspections by calling Building Inspection Underwriters at **800-352-3457**. Inspections must have **24hrs. notice**.

When calling for inspection, please have ready the **Permit Number, Address, Type of Inspection and Requested Date and Time of inspection**.

ALL PERMITS MUST BE POSTED AND PLANS MUST BE ON SITE

The following Inspections are required for your permit:

- | | |
|--|--|
| <input type="checkbox"/> footings/forms (prior to pour) | <input type="checkbox"/> rough mechanical |
| <input type="checkbox"/> Form inspection (Concrete walls) | <input type="checkbox"/> rough plumbing |
| <input type="checkbox"/> Mid Course inspection (block walls) | <input type="checkbox"/> framing |
| <input type="checkbox"/> Backfill Inspection | <input type="checkbox"/> insulation |
| <input type="checkbox"/> Slab Inspection (prior to pour) | <input type="checkbox"/> drywall |
| <input type="checkbox"/> underground conduit/wire | <input type="checkbox"/> final electric |
| <input type="checkbox"/> underground plumbing | <input type="checkbox"/> special inspections |
| <input type="checkbox"/> rough electric | <input type="checkbox"/> FINAL BUILDING |

(Pending any inspections by Twp Engineer)

All new building construction must also have final approval from Township Engineer (ARRO CONSULTING, 610-495-2118). These inspections would include (if required):

- Storm Water Management final
- Final Grading
- Site stabilization with seeding and/or sod
- Final Building Sewer signoff (if public sewer)

Note: Final Inspection and Certificate of Occupancy must be received by owner prior to use.