

APPL No. _____

APPLICATION FOR PLAN EXAMINATION AND BUILDING PERMIT

EAST WHITELAND TOWNSHIP
209 Conestoga Rd.
Frazer, PA 19355
(610) 648-0600 fax: (610) 648-0388

APPLICANT INSTRUCTION: For all applications, complete Parts 1, 2, 3, and 4 of this form. If building/demolition work, complete also Part 5. If electrical work, complete also Part 6. If plumbing work, complete also Part 7. If mechanical work, complete also Part 8. If fire protection work, complete also Part 9. A site plan and two sets of construction plans are required.

Type of Permit(s): Building Demolition Electrical Plumbing Mechanical Fire Protection

1. PROPERTY INFORMATION

Street Address:	Lot#	Subdivision:
Parcel Type: <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Other:		

2. PROPERTY OWNER INFORMATION

Full Name/Business Name:	Phone #:
Street Address:	City: State: Zip:

3. CONTRACTORS INFORMATION

	NAME OF CONTRACTOR	ADDRESS	CITY, STATE, ZIP	CONTRACTOR REG. #
Applicant (not owner)				
Architect/Engineer				
General Contractor				
Excavation				
Concrete				
Carpentry				
Electrical				
Plumbing				
Sewer				
Mechanical				
Roofing				
Masonry				
Drywall or Lathing				
Sprinkler				
Fire Alarm				

4. CERTIFICATION

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record (documentation to be provided) and that I have been authorized by the owner to make this application as their authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the code official or the code official's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.

SIGNATURE OF APPLICANT	ADDRESS	PHONE #
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CONTACT (name), TITLE (please print)	PHONE #
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EMAIL ADDRESS _____

All Permit Fees	Check No. / Amount Rec.
Building Permit Fees:	
Electrical Permit Fees:	
Plumbing Permit Fees:	
Mechanical Permit Fees:	
Fire Protection Permit Fees:	
TOTAL FEES:	TOTAL REC.:

No.

Street

Permit No.

5. BUILDING PERMIT APPLICATION

Building Work Yes No

Improvement Type	Proposed Use		
<input type="checkbox"/> New Construction <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Repair/Replacement <input type="checkbox"/> Demolition <input type="checkbox"/> Foundation Only <input type="checkbox"/> Other:	<input type="checkbox"/> Assembly <input type="checkbox"/> Business <input type="checkbox"/> Educational <input type="checkbox"/> Grades 1 – 12 <input type="checkbox"/> Day Care Facility <input type="checkbox"/> College/University <input type="checkbox"/> Factory	<input type="checkbox"/> High Hazard <input type="checkbox"/> Institutional <input type="checkbox"/> Mercantile <input type="checkbox"/> Residential <input type="checkbox"/> Single Family <input type="checkbox"/> Two Family <input type="checkbox"/> Multi-Family <input type="checkbox"/> Hotel/Motel	<input type="checkbox"/> Storage <input type="checkbox"/> Moderate Hazard <input type="checkbox"/> Low Hazard <input type="checkbox"/> Other (describe)

Structural Frame <small>(check if applicable)</small>			Exterior Walls <small>(check those applicable)</small>		
<input type="checkbox"/> Steel	<input type="checkbox"/> Concrete	<input type="checkbox"/> Other:	<input type="checkbox"/> Steel	<input type="checkbox"/> Concrete	<input type="checkbox"/> Other:
<input type="checkbox"/> Masonry	<input type="checkbox"/> Wood		<input type="checkbox"/> Masonry	<input type="checkbox"/> Wood	
Description:					

Are any structural assemblies fabricated off-site? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Street Frontage (ft.)	Full Baths (#)	Living Area (sq. ft.)
Front Setback (ft.)	Partial Baths (#)	Basement Area (sq. ft.)
Rear Setback (ft.)	Garages (#)	Garage Area (sq. ft.)
Left Setback (ft.)	Windows (#)	Office/Sales (sq. ft.)
Right Setback (ft.)	Fireplaces (#)	Service (sq. ft.)
Height Above Grade (ft.)	Enclosed Parking (#)	Manufacturing (sq. ft.)
New Residential Units (#)	Outside Parking (#)	Building Work
Existing Residential Units (#)	Lot Area (sq. ft.)	
Elevators/Escalator (#)	Building Area (sq. ft.)	Est. Cost:
Stories (#)	Building Dimensions	
Bed Rooms (#)	Parking Area (sq. ft.)	
		BUILDING PERMIT FEES:

6. ELECTRICAL PERMIT APPLICATION

Electrical Work Yes No

<input type="checkbox"/> Repair		<input type="checkbox"/> Replace		<input type="checkbox"/> New Construction	
Service (amps)	Fixtures (#)	Receptacles (#)	Switches (#)		
<input type="checkbox"/> Air Conditioning <input type="checkbox"/> Oil Burning <input type="checkbox"/> Gas Burning <input type="checkbox"/> Electric Heat <input type="checkbox"/> Other (specify)					
Description:					
					Electrical Work
					Est. Cost:
Inspection Agency:		Inspector's Name:			ELECTRICAL PERMIT FEES:

7. PLUMBING PERMIT APPLICATION Plumbing Work Yes No

Enter the number of fixtures being installed (below)		<input type="checkbox"/> New Construction	<input type="checkbox"/> Replace	<input type="checkbox"/> Repair
Tubs/Showers		Drinking Fountains		Water Pumps
Shower Stalls		Floor Drains		Roof Openings
Lavatories		Water Heaters		Parking Lot Drains
Toilets		Water Softeners		Inside Downspouts
Urinals		Sewage Ejectors		Swimming Pools
Sinks		Sump Pumps		In-Ground
Bidets		Grease Traps		Above Ground
Dishwashers		Laundry Tubs		Other:
Garbage Disposals		Back Flow Preventers		Total Fixtures
Description:				
Public Water <input type="checkbox"/> Yes <input type="checkbox"/> No		Public Sewer <input type="checkbox"/> Yes <input type="checkbox"/> No		Avg. Daily Water Use GPD
CCHD Approval Attached <input type="checkbox"/> Yes <input type="checkbox"/> No				Plumbing Work Est. Cost:
				PLUMBING PERMIT FEES:

8. MECHANICAL PERMIT APPLICATION Mechanical Work Yes No

Enter the number of units (below)		<input type="checkbox"/> New Construction	<input type="checkbox"/> Replace	<input type="checkbox"/> Repair
Forced Air Furnace		Incinerator		Air Handling Unit
Unit Heater		Boiler		Heat Pump
Gas/Oil Conversion		Coil Unit		Air Cleaner
Space Heater		Window A/C Unit		Kitchen Exhaust Hood
Gravity Furnace		Split System A/C		Hazardous Exhaust Hood
Solid Fuel Appliance		A/C Compressor		Electric Furnace
Description:				
				Mechanical Work Est. Cost:
Type of heating fuel: <input type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Coal <input type="checkbox"/> Wood <input type="checkbox"/> Other				MECHANICAL PERMIT FEES:

9. FIRE PROTECTION Fire Protection Work Yes No

Enter work to be done (below)		<input type="checkbox"/> New Construction	<input type="checkbox"/> Replace	<input type="checkbox"/> Repair
Fire Sprinklers <input type="checkbox"/> Yes <input type="checkbox"/> No		Stand Pipes (w/size) <input type="checkbox"/> Yes <input type="checkbox"/> No		
Number of Sprinkler Heads:		Number of Hose Outlets:		
Fire Alarm <input type="checkbox"/> Yes <input type="checkbox"/> No		Description:		
Clean Agent System <input type="checkbox"/> Yes <input type="checkbox"/> No				
Hood Fire Protection <input type="checkbox"/> Yes <input type="checkbox"/> No		Fire Protection Work Est. Cost:		
				FIRE PROTECTION PERMIT FEE:

SITE/LOT PLAN
(Show lot lines, easements and work layout with dimensions)

FOR DEPARTMENT USE ONLY

ZONING APPROVAL:	DATE APPROVED:
ZHB APPL. NO.:	DATE APPROVED:
S/E PERMIT NO.:	DATE APPROVED:

USE GROUP	
DEMENSIONS	
BUILDING TYPE	
FIRE GRADING	
LIVE LOADING	
OCCUPANCY LOAD	

APPROVED BY:

Signature

Approval Date