

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	<input type="checkbox"/>	Addition	<input type="checkbox"/>	Alteration	<input type="checkbox"/>
Wrecking	<input type="checkbox"/>	Renovation	<input type="checkbox"/>	Other	<input type="checkbox"/>

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

Proposed Use (Residential)

One Family	<input type="checkbox"/>	Two Family	<input type="checkbox"/>	Other	<input type="checkbox"/>
Garage	<input type="checkbox"/>	Hotel/Motel	<input type="checkbox"/>		

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

Proposed Use (Non-Residential)

Amusement	<input type="checkbox"/>	Church	<input type="checkbox"/>	Industrial	<input type="checkbox"/>	Parking	<input type="checkbox"/>
Utility	<input type="checkbox"/>	Hospital	<input type="checkbox"/>	Office	<input type="checkbox"/>	Store	<input type="checkbox"/>
Other	<input type="checkbox"/>	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.)

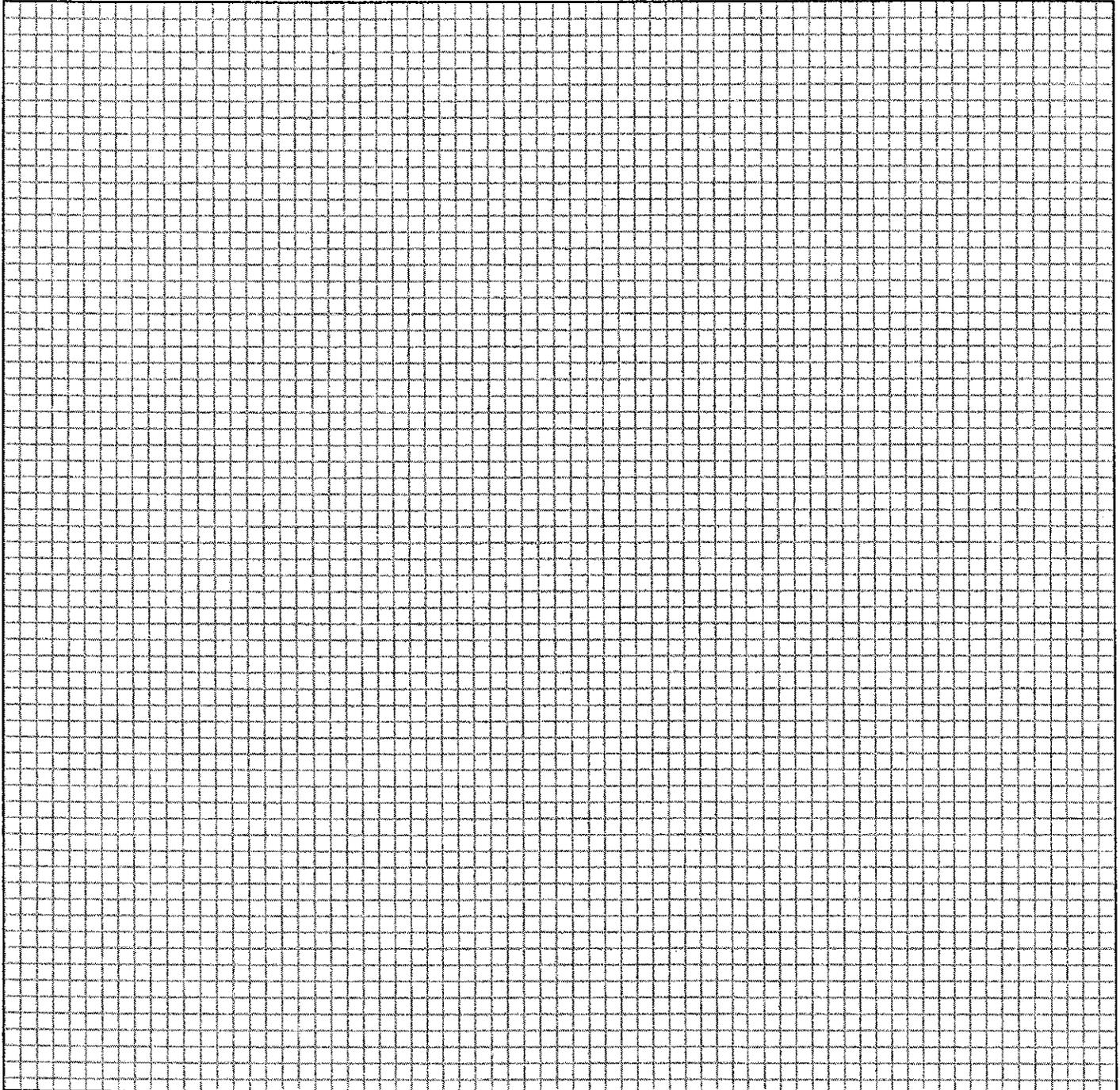
X. Exterior Wall Studs

- 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 _____

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 and that I have been authorized by the owner to make this application as his authorized agent. I hereby attest to the information on this application to be accurate and true to the best of my ability. I agree to conform to all applicable laws of East Coventry Township and 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 provision of the code(s) applicable of such permit.

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 _____

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 and that I have been authorized by the owner to make this application as his authorized agent. I hereby attest to the information on this application to be accurate and true to the best of my ability. I agree to conform to all applicable laws of East Coventry Township and 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 provision of the code(s) applicable of such permit.

Signature

Date

EAST COVENTRY TOWNSHIP
Application for Mechanical Permit

Permit No. _____
Fee _____

Job Location:	Address: _____ City State Zip _____	
Property Owner:	Name: _____ City State Zip _____ Phone: (____) _____ Fax: (____) _____ E-mail: _____	
Mechanical Contractor:	Name: _____ City State Zip _____ Phone: (____) _____ Fax: (____) _____ Cell: (____) _____	
Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Institutional <input type="checkbox"/> New Work <input type="checkbox"/> Alteration <input type="checkbox"/> Other <input type="checkbox"/> _____		Proposed Install Date: _____
Description of Work _____ _____ _____		
HEATING		
Type of Fuel _____	Cost of Installation _____	
Name of Unit _____	Mfg. By _____	
Capacity of Unit (BTUs) Input _____	Output _____	
AIR CONDITIONING		
Capacity of Unit (BTU's) Input _____	Cost of Installation _____	
Distance from property line _____		
Name of Unit _____	Mfg. By _____	
All work, materials and construction to be in accordance with the rules and regulations of the Mechanical Codes of the Township of East Coventry. Mechanical inspections require 24 hours notice minimum. Rough inspections required. Final inspections required for ALL permits. PERMITS ARE NOT TRANSFERRABLE		
Signature of Applicant _____		PA State License No. _____

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 and that I have been authorized by the owner to make this application as his authorized agent. I hereby attest to the information on this application to be accurate and true to the best of my ability. I agree to conform to all applicable laws of East Coventry Township and 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 provision of the code(s) applicable of such permit.

Signature

Date

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	_____	Total Plumbing Fee	_____
_____	Commercial Dishwasher	_____	_____	Backflow Device	_____	(Greater of Minimum	_____
_____	Water Heater	_____	_____	Reduced Pressure	_____	or Subtotal)	\$ _____
_____	Domestic Boiler	_____	_____	Backflow Device	_____		
_____	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

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 and that I have been authorized by the owner to make this application as his authorized agent. I hereby attest to the information on this application to be accurate and true to the best of my ability. I agree to conform to all applicable laws of East Coventry Township and 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 provision of the code(s) applicable of such permit.

Signature

Date

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 _____

APPLICATION FOR ZONING PERMIT

Pursuant to Sections 1602 (Zoning Permits) of Chapter 27(Zoning) Part 16 (Administration) of the East Coventry Township Code of Ordinances of 2008 as amended, application is hereby made for a ZONING PERMIT for(check one):

- Construction (building, shed, fence, deck, patio, driveway, sidewalk, etc.,)
- Change of Use of Building, Structure or Land
- Building Demolition
- Activity in Floodplain District

Please provide a brief description of what you will be doing: _____

SECTION I: GENERAL

A. Applicant(s):

- 1. Name(s): _____
- 2. Address: _____
- 3. Telephone Number: _____

B. Interest of Applicant(s) in subject property described in Section II (check one):

- 1. _____ Owner(s) of record title;
- 2. _____ Owner(s) of equitable title;
- 3. _____ Lessee(s); or
- 4. _____ Other, Describe _____

C. Owner(s) of record title of subject property described in Section II [if other than applicant(s)]:

- 1. Name(s): _____
- 2. Address: _____
- 3. Telephone Number: _____

SECTION II: SUBJECT PROPERTY

1. Location (Include reference to nearby intersections and/or prominent features): _____

2. Corner Lot? ____ Yes; ____ No. If "Yes", indicate all streets abutting the subject property:

3. Chester County Tax Map Designation: Tax Map Parcel No. _____

4. Zoning District Classification: _____

5. Lot Area: _____ square feet (_____ acres).

6. Dimensions:

a. Length of front lot line: _____ ft.;

b. Lot width (at building setback line): : _____ ft.;

c. Length of side lot lines: _____ ft., and _____ ft.; and

d. Length of rear lot line: _____ ft.

7. Impervious Surface/Cover Calculation

Existing impervious surface/cover*: _____ sq.ft. Percent of Lot: _____

Proposed additional impervious surface/cover*: _____ sq.ft. Percent of Lot: _____

Total impervious surface/cover* on lot: _____ sq.ft.

Percent of Lot having impervious surface/cover: _____

***IMPERVIOUS SURFACE/COVER** – any surface or constructed material, which is impenetrable to the passage of water or other liquids under normal conditions and thus produces stormwater runoff from precipitation. All buildings, including roof overhangs, parking areas, driveways, roads, sidewalks, stone driveways or parking areas, and other such areas in concrete or asphalt, shall be considered as contributing to total impervious cover. For purposes of determining compliance with maximum impervious cover limitations on any lot or tract, impervious cover shall be measured as a percentage of net tract area.

8. Building Coverage Calculation

Existing building coverage*: _____ sq.ft. Percent of Lot: _____

Proposed additional building coverage*: _____ sq.ft. Percent of Lot: _____

New building coverage* (existing + proposed) _____ sq. ft. Percent of Lot _____

***BUILDING COVERAGE** – the ratio of the total ground floor area of all buildings on a lot to the total area of the lot on which they are located or the percentage of lot area covered by buildings

This application must be submitted with (2) plot plans of the property. Drawings shall be to scale and show 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.

9. Cost of Improvement: _____

SECTION III: CHANGE IN USE OF SUBJECT PROPERTY AND/OR ANY BUILDING OR OTHER STRUCTURE THEREON (Complete only if use of building, structure or land is being changed)

A. Describe the proposed use, or the change in use, of the subject property and/or any building or other structure thereon for which this application is made. Indicate the number of employees if the proposed use or the change in use is non-residential:

B. Describe the existing or previous use of the subject property. Indicate the number of employees of the existing or previous use.

C. List the date on which the building was last occupied by the previous or existing use.

D. Is the building or space equipped with a fire-protection system? ____ Yes; ____ No. If yes, please describe in detail.

E. Calculate the design occupant load for the building in accordance with Chapter 10, Section 1004 of the International Building Code.

Design occupant load: _____

F. Complete the following for each building and other structure on the subject property:

1. Size: _____ ft. x _____ ft. (_____ sq. ft.);

2. Height: _____ ft.; number of stories: _____;

3. Location on subject property in relation to lot lines:

4. Lot coverage: _____ sq ft.

G. Indicate the dimensions of all yards and open spaces on the subject property, including:

1. Front yard: _____ ft.;

2. Side yards: _____ ft.; and _____ ft.; and

3. Rear yard: _____ ft.

H. Indicate the number and size of all off-street parking and off-street loading spaces and the location (include distance to lot lines) of all off-street parking and off-street loading areas on the subject property: _____

I. Indicate the number, type, and location (include distance to lot lines) of all signs on the subject property: _____

J. Is the use or the change in use served by public water? _____ Yes; _____ No. If "No", describe the type of water service: _____

K. Is the use or the change in use served by public sewerage? _____ Yes; _____ No. If "No", describe the type of sewage service: _____

(If the use is served by an on-lot septic system and/or on-lot water well, provide documentation from the Chester County Health Department approving these on-lot systems for the use proposed.)

L. Legal grounds believed to allow the use or the change in use:

1. Provisions of the Zoning Ordinance (indicate sections):

2. Variance, special exception, or other authorization granted by the Zoning Hearing Board (indicate the type of authorization granted and the date of the Zoning Hearing Board Decision granting the authorization): _____

3. Other (describe): _____

Attach a plan of the subject property indicating: the size, dimensions, and shape of the subject property; the size, dimensions, and location of all buildings, structures, yards, and open spaces on the subject property; and the size, dimensions, number, and location of all off-street parking spaces and areas, off-street loading spaces and areas, and signs on the subject property.

SECTION IV: EXECUTION

A. The undersigned hereby verify(ies) that the information contained in this application and on the plan and other attachments hereto is true and correct. I(We) understand that any false statements knowingly made herein may subject me(us) to such penalties as may be prescribed by law.

Signature of Applicant

Signature of Applicant

Date: _____

B. The following shall be executed by the owner(s) of record title of the subject property if he (she)(they) is(are) not the applicant(s):

The undersigned hereby acknowledge(s) and verify(ies) that he(she)(they) is(are) the owner(s) of record title of the subject property described herein, and that the applicant(s) named herein is(are) authorized to submit this application and are further authorized to act on behalf of the undersigned with respect to or otherwise in connection with this application.

Signature of Owner of Record Title

Signature of Owner of Record Title

Date: _____

Authorization to Access Property

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 and that I have been authorized by the owner to make this application as his authorized agent. I hereby attest to the information on this application to be accurate and true to the best of my ability. I agree to conform to all applicable laws of East Coventry Township and 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 provision of the code(s) applicable of such permit.

Signature

Date

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.