

# BUILDING PERMIT APPLICATION

(3 COPIES OF APPLICATION & ATTACHMENTS ARE REQUIRED WITH ORIGINAL SIGNATURES)

<b>Applicant's Name</b> _____
Address: _____ _____
Phone #: Home _____ Work _____ Email _____
<b>Owner's Name</b> _____
Address: _____ _____
Phone #: Home _____ Work _____ Email _____

**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 3 sets of application and 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 1<sup>st</sup> Floor \_\_\_\_\_

Sq. Ft. of 2<sup>nd</sup> 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 \_\_\_\_\_

# 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.)

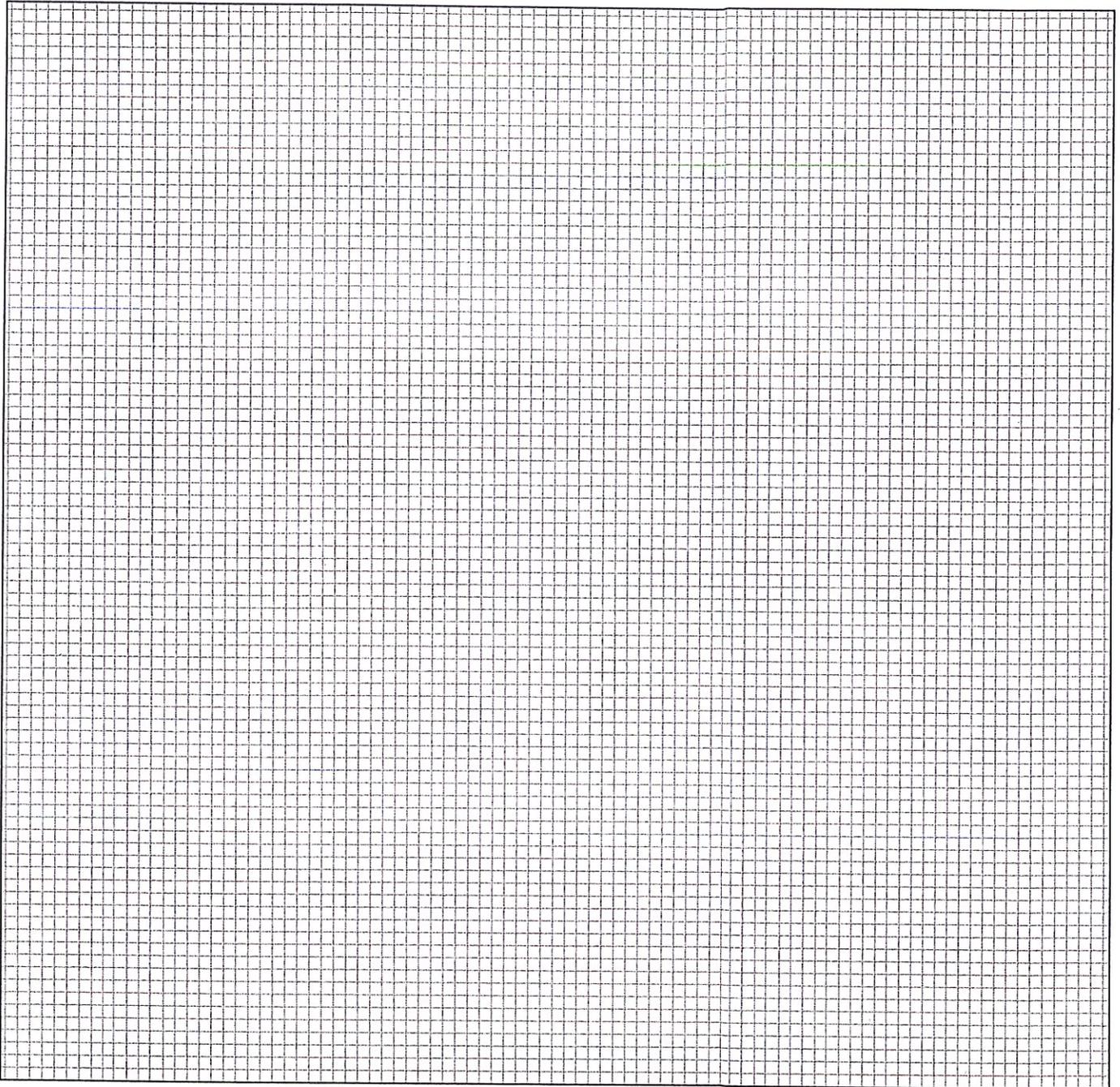
## X. Exterior Wall Studs

- 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 \_\_\_\_\_  
Print Name \_\_\_\_\_

**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**

\_\_\_\_\_  
**Print Name**

# 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.

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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 \_\_\_\_\_

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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.

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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 / ELECTRICAL PERMIT

**(3 Copies of Application & Attachments are Required with Original Signatures)**

Property Owner \_\_\_\_\_ Phone No. \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

Property Location \_\_\_\_\_

Contractor \_\_\_\_\_

Address \_\_\_\_\_ Phone No. \_\_\_\_\_

\_\_\_\_\_ Email \_\_\_\_\_

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 \_\_\_\_\_

\_\_\_\_\_ Application Date \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

\_\_\_\_\_ Print Name of Applicant \_\_\_\_\_

\_\_\_\_\_ Issue Date \_\_\_\_\_ Approved \_\_\_\_\_

Permit Fee \_\_\_\_\_ Denied \_\_\_\_\_

**Authorization to Access Property**

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\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Print Name**

**EAST COVENTRY TOWNSHIP**

Permit No. \_\_\_\_\_

**Application for Mechanical Permit**

**(3 Copies of Application & Attachments are Required with Original Signatures)**

<b>Job Location:</b>	Address: _____ City State Zip _____
<b>Property Owner:</b>	Name: _____ Address: _____ Phone: _____ Email: _____
<b>Mechanical Contractor:</b>	Name: _____ Address: _____ Phone: _____ Cell: _____ Email: _____
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 _____ _____ _____	
<b>HEATING</b>	
Type of Fuel _____	Cost of Installation _____
Name of Unit _____	Mfg. By _____
Capacity of Unit (BTUs) Input _____	Output _____
<b>AIR CONDITIONING</b>	
Capacity of Unit (BTU's) Input _____	Cost of Installation _____
Distance from property line _____	
Name of Unit _____	Mfg. By _____
<p style="text-align: center;"><b>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</b></p>	
Signature of Applicant _____ PA State License No. _____	
Print Name of Applicant _____	

**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**

\_\_\_\_\_  
**Print Name**

**EAST COVENTRY TOWNSHIP**  
**Application for Plumbing Permit**

**(3 Copies of Application are Required with Original Signatures)**

<b>Job Location:</b>	Address: _____ City State Zip: _____
<b>Property Owner:</b>	Name: _____ Address: _____ Phone: _____ Cell: _____ Email: _____
<b>Contractor:</b>	Name: _____ Address: _____ Phone: _____ Cell: _____ Email: _____

**TECHNICAL SITE DATA:**

**Type of Work (List all Fixtures):**

**No. Fixtures**

- |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Water Closet/Bidet/Urinal<br><input type="checkbox"/> Bathtub<br><input type="checkbox"/> Lavatory/Sink<br><input type="checkbox"/> Shower/Floor Drain<br><input type="checkbox"/> Washing Machine<br><input type="checkbox"/> Dishwasher<br><input type="checkbox"/> Commercial Dishwasher<br><input type="checkbox"/> Water Heater<br><input type="checkbox"/> Domestic Boiler<br><input type="checkbox"/> Furnace<br><input type="checkbox"/> Steam Boiler<br><input type="checkbox"/> Water Util. Connection<br><input type="checkbox"/> Sewer Util. Connection<br><input type="checkbox"/> Hose Bib<br><input type="checkbox"/> Water Cooler | <input type="checkbox"/> Garbage Disposal<br><input type="checkbox"/> Air Conditioner Unit<br><input type="checkbox"/> Indirect Connection<br><input type="checkbox"/> Sewer Ejector<br><input type="checkbox"/> Grease Trap<br><input type="checkbox"/> Interceptor<br><input type="checkbox"/> Backflow Device<br><input type="checkbox"/> Reduced Pressure<br><input type="checkbox"/> Vent Stack<br><input type="checkbox"/> Solar System<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Other _____ |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

<b>PLUMBING CHARACTERISTICS</b>	<b>DESCRIPTION OF WORK</b>
USE GROUP: _____ Current _____ Proposed _____ Drainage      Material _____ Size _____ Building Sewer Material _____ Size _____ Water Service Material _____ Size _____ Venting        Material _____ Size _____	
Estimated Cost of Plumbing Work: \$ _____	

**Authorization to Access Property**

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name



**ZONING PERMIT APPLICATION**

This must be submitted with **(3) copies of the application with original signatures along with (3) 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. Please allow up to 15 business days for review. Fee due upon issuance.

**(3 COPIES OF APPLICATION & ATTACHMENTS ARE REQUIRED WITH ORIGINAL SIGNATURES)**

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. Phone Number: \_\_\_\_\_ 4. Email: \_\_\_\_\_

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

- 1. \_\_\_\_\_ Owner(s) of record title;      3. \_\_\_\_\_ Lessee(s);
- 2. \_\_\_\_\_ Owner(s) of equitable title; 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. Phone Number: \_\_\_\_\_ 4. Email: \_\_\_\_\_

**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.; c. Lot width (at building setback line): \_\_\_\_\_ ft.;

b. Length of side lot lines: \_\_\_\_\_ ft. & \_\_\_\_\_ ft.; d. Length of rear lot line: \_\_\_\_\_ ft.

7. \* Impervious Surface/Cover Calculation

a. Existing impervious surface/cover: \_\_\_\_\_ sq. ft. / Lot sq. ft. = % of Lot: \_\_\_\_\_

b. Proposed additional impervious surface/cover: \_\_\_\_\_ sq. ft. / Lot sq. ft. = % of Lot: \_\_\_\_\_

c. Total impervious surface/cover on lot (*existing + proposed*): \_\_\_\_\_ sq. ft.

d. Percent of Lot having impervious surface/cover: \_\_\_\_\_ % (*c. Total sq. ft. / Lot sq. ft. = % of Lot*)

\*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

a. Existing building coverage: \_\_\_\_\_ sq. ft. / Lot sq. ft. = % of Lot: \_\_\_\_\_

b. Proposed additional building coverage: \_\_\_\_\_ sq. ft. / Lot sq. ft. = % of Lot: \_\_\_\_\_

c. New building coverage (*existing + proposed*): \_\_\_\_\_ sq. ft. / Lot sq. ft. = % 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

9. Cost of Improvement: \$ \_\_\_\_\_

**SECTION III: CHANGE IN USE OF SUBJECT PROPERTY AND/OR ANY BUILDING OR OTHER STRUCTURE THEREON. NOTE: Complete only if use of building, structure or land is being changed. If no change in use, proceed to page 5, SECTION IV: EXECUTION.**

- 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:

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

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

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

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- 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.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
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.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature of Owner of Record Title

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
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

\_\_\_\_\_  
Print Name

## 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.**