

East Penn Township
UNIFORM CONSTRUCTION PERMIT APPLICATION

LOCATION of PROPOSED CONSTRUCTION or IMPROVEMENT:

County: _____ Municipality: _____

Site Address: _____ Tax Parcel #: _____

Subdivision/Land Development: _____ Lot #: _____ Phase: _____ Section: _____

Owner: _____ Phone #: _____ Fax #: _____

Mailing Address: _____ Email: _____

Applicant: _____ Phone #: _____ Fax #: _____

Mailing Address: _____ Email: _____

Principal Contractor: _____ Phone #: _____ Fax #: _____

Mailing Address: _____ Email: _____

Architect: _____ Phone #: _____ Fax #: _____

Mailing Address: _____ Email: _____

UCC Inspection Company: _____

TYPE OF WORK OR IMPROVEMENT (*Check All That Apply*)

- New Building Addition Alteration Repair Demolition Relocation
- Foundation Only Change of Use Above/In-Ground Pool (Circle One) Remodel
- Garage Deck/Patio

PERMIT INCLUDES:

- Plumbing Sub-Contractor: _____ Phone #: _____
- Mechanical Sub-Contractor: _____ Phone #: _____
- Electrical Sub-Contractor: _____ Phone #: _____
- Energy/Insulation Sub-Contractor: _____ Phone #: _____

Describe the proposed work: _____

ESTIMATED COST OF CONSTRUCTION (fair market value): \$ _____

DESCRIPTION OF BUILDING USE (CHECK ONE)

RESIDENTIAL

- One-Family Dwelling (R-3)
- Two-Family Dwelling (R-3)

NON-RESIDENTIAL

Specific Use: _____
Use Group: _____
Change in Use: Yes No
If YES, Indicate Former: _____
Maximum Occupancy Load: _____
Maximum Live Load: _____

BUILDING/SITE CHARACTERISTICS

Site: _____ Existing Lot: _____ Proposed Lot (Subdivision): _____

Mechanical: Indicate Type of Heating (i.e., electric, gas oil, etc.): _____ Air Conditioning: Yes No

Water Service: (Check) Public Private

Sewer Service: (Check) Public Private (Septic Permit # _____)

Does or will your building contain any of the following:

Fireplace(s): _____ Number: _____ Type of Fuel: _____ Type Vent: _____

Elevator/Escalator/Lifts/Moving Walks: (Check) Yes No

Sprinkler System: Yes No

Pressure Vessels: Yes No

Refrigeration System: Yes No

BUILDING DIMENSIONS

Existing Building Area: _____ sq. ft. Number of Stories: _____
Proposed Building Area: _____ sq. ft. Height of Structure Above Grade: _____ ft.
Total Building Area: _____ sq. ft. Area of the Largest Floor: _____ sq. ft.
(include all floors & garage)

FLOODPLAIN

- Is the site located within an identified area? (Check one) Yes No
- Will any portion of the flood hazard area be developed (Check one) Yes No N/A

Owner/Agent shall verify that any proposed construction and/or development activity complies with the requirements of the National Flood Insurance Program and the Pennsylvania Flood Plain Management Act (Act 166-1978), specifically Section 60.3
Lowest Floor Level: _____

HISTORIC DISTRICT

Is the site located within a Historic District? Yes No

The applicant certifies that all information on this application is true correct, and the work will be completed in accordance with the “approved” construction documents and PA Act 45 (Uniform Construction Code) and any additional approved permit(s) required by the Township. The property owner/applicant assumes the responsibility of locating all property lines, setback lines, easements, rights-of-way, flood areas, etc. Issuance of a permit and approval of construction documents shall not be construed as authority to violate, cancel or set aside any provisions of the codes or ordinances of East Penn Township or other Regulatory Agencies having jurisdiction. The applicant certifies that he/she understands all the applicable codes, ordinances and regulations.

Application for a permit shall be made only by the owner or lessee of the building or structure, or authorized agent thereof, or by the design professional or contractor employed in connection with the proposed work.

I certify that the Building Code Official, Construction Code Official and/or their Authorized Representative shall have the authority to enter areas covered by this permit at any reasonable or mutually agreed upon time to enforce the provisions of the Code(s) applicable to this permit.

Signature of Owner or Authorized Agent

Date

Printed name of Owner or Authorized Agent

Directions to Site: _____

[CODE ADMINISTRATOR USE ONLY]

PROJECT DOCUMENTS (DRAWINGS & CALCULATIONS)

Type of Document:	Submitted	Signed & Sealed	Date	Revision Date
Foundation Plans	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Construction Drawings	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Electrical Drawings	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Mechanical Drawings	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Plumbing Drawings	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Specifications	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Flood Hazard Area Data	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Workers Comp. Certificate	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Demolition Plans	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____

[CODE ADMINISTRATOR USE ONLY]

ADDITIONAL PERMITS/APPROVALS REQUIRED

<input type="checkbox"/> Street Cut/Driveway	APPROVED	_____
<input type="checkbox"/> Cut and Fill	APPROVED	_____
<input type="checkbox"/> PennDOT Highway Occupancy	APPROVED	_____
<input type="checkbox"/> DEP Floodway or Floodplain	APPROVED	_____
<input type="checkbox"/> Sewer Connection	APPROVED	_____
<input type="checkbox"/> On-Lot Septic	APPROVED	_____
<input type="checkbox"/> Zoning	APPROVED	_____
<input type="checkbox"/> HARB	APPROVED	_____
<input type="checkbox"/> Subdivision/Land Development	APPROVED	_____
<input type="checkbox"/> Stormwater Management	APPROVED	_____
<input type="checkbox"/> Other	APPROVED	_____

DISPOSITION

BUILDING PLANS APPROVED:	<input type="checkbox"/> Date: _____	
BUILDING PERMIT ISSUED:	<input type="checkbox"/> Date: _____	Permit #: _____
BUILDING PERMIT DENIED:	<input type="checkbox"/> Date: _____	Date Returned: _____
BUILDING PERMIT REVOKED:	<input type="checkbox"/> Date: _____	
Building Code Official Signature: _____		Date: _____
		Permit Expiration: _____
BUILDING PERMIT FEES:		PAYMENT:
3 rd Party Plan Review & Inspection:	\$ _____	<input type="checkbox"/> CASH
Pennsylvania UCC Permit Fee:	\$ _____	<input type="checkbox"/> CHECK # _____ Receipt # _____
Township:		<input type="checkbox"/> CASH
Plumbing Permit (if appl):	\$ _____	<input type="checkbox"/> CHECK # _____ Receipt # _____
Mechanical Permit (if appl):	\$ _____	
Electrical Permit (if appl):	\$ _____	
Township Subtotal:	\$ _____	<input type="checkbox"/> CASH
TOTAL	\$ _____	<input type="checkbox"/> CHECK # _____ Receipt # _____