

Historical Structure	
Yes _____	No _____

## APPLICATION FOR PLAN EXAMINATION AND BUILDING PERMIT

**IMPORTANT - Applicant to complete all items in sections: I, II, III, IV, and IX.**

<b>I. LOCATION OF BUILDING</b>	AT (LOCATION) _____ (NO.) _____ (STREET) _____ ZONING DISTRICT _____
	BETWEEN _____ (CROSS STREET) _____ AND _____ (CROSS STREET) _____
	SUBDIVISION _____ LOT _____ BLOCK _____ LOT SIZE _____

**II. TYPE AND COST OF BUILDING - All applicants complete Parts A - D**

<b>A. TYPE OF IMPROVEMENT</b> 1 <input type="checkbox"/> New building 2 <input type="checkbox"/> Addition (If residential, enter number of new housing units added, if any, in Part D, 13) 3 <input type="checkbox"/> Alteration (See 2 above) 4 <input type="checkbox"/> Repair, replacement 5 <input type="checkbox"/> Wrecking (If multifamily residential, enter number of units in building in Part D, 13) 6 <input type="checkbox"/> Moving (relocation) 7 <input type="checkbox"/> Foundation only	<b>D. PROPOSED USE - For "Wrecking" most recent use</b>  <table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <b>Residential</b>            12 <input type="checkbox"/> One family            13 <input type="checkbox"/> Two or more family - Enter number of units -----&gt; _____            14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units -----&gt; _____            15 <input type="checkbox"/> Garage            16 <input type="checkbox"/> Carport            17 <input type="checkbox"/> Other - Specify _____         </td> <td style="width: 50%; vertical-align: top;"> <b>Nonresidential</b>            18 <input type="checkbox"/> Amusement, recreational            19 <input type="checkbox"/> Church, other religious            20 <input type="checkbox"/> Industrial            21 <input type="checkbox"/> Parking garage            22 <input type="checkbox"/> Service station, repair garage            23 <input type="checkbox"/> Hospital, institutional            24 <input type="checkbox"/> Office, bank, professional            25 <input type="checkbox"/> Public utility            26 <input type="checkbox"/> School, library, other educational            27 <input type="checkbox"/> Stores, mercantile            28 <input type="checkbox"/> Tanks, towers            29 <input type="checkbox"/> Other - Specify _____         </td> </tr> </table>	<b>Residential</b> 12 <input type="checkbox"/> One family 13 <input type="checkbox"/> Two or more family - Enter number of units -----> _____ 14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units -----> _____ 15 <input type="checkbox"/> Garage 16 <input type="checkbox"/> Carport 17 <input type="checkbox"/> Other - Specify _____	<b>Nonresidential</b> 18 <input type="checkbox"/> Amusement, recreational 19 <input type="checkbox"/> Church, other religious 20 <input type="checkbox"/> Industrial 21 <input type="checkbox"/> Parking garage 22 <input type="checkbox"/> Service station, repair garage 23 <input type="checkbox"/> Hospital, institutional 24 <input type="checkbox"/> Office, bank, professional 25 <input type="checkbox"/> Public utility 26 <input type="checkbox"/> School, library, other educational 27 <input type="checkbox"/> Stores, mercantile 28 <input type="checkbox"/> Tanks, towers 29 <input type="checkbox"/> Other - Specify _____
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<b>B. OWNERSHIP</b> 8 <input type="checkbox"/> Private (individual, corporation, nonprofit institution, etc.) 9 <input type="checkbox"/> Public (Federal, State, or local government)			

<b>C. COST</b>  10. Cost of improvement,..... \$ _____ <i>To be installed but not included in the above cost</i> a. Electrical..... \$ _____ b. Plumbing..... \$ _____ c. Heating, air conditioning..... \$ _____ d. Other (elevator, etc.)..... \$ _____  11. TOTAL COST OF IMPROVEMENT \$ _____	<b>(Omit cents)</b>  <b>Nonresidential - Describe in detail proposed use of buildings, e.g., food processing plant, machine shop, laundry building at hospital, elementary school, secondary school, college, parochial school, parking garage for, department store, rental office building, office building at industrial plant. If use of existing building is being changed, enter proposed use.</b>  _____ _____ _____
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**III. SELECTED CHARACTERISTICS OF BUILDING - For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.**

<b>E. PRINCIPAL TYPE OF FRAME</b> 30 <input type="checkbox"/> Masonry (wall bearing) 31 <input type="checkbox"/> Wood frame 32 <input type="checkbox"/> Structural steel 33 <input type="checkbox"/> Reinforced concrete 34 <input type="checkbox"/> Other - Specify _____	<b>G. TYPE OF SEWAGE DISPOSAL</b> 40 <input type="checkbox"/> Public or private company 41 <input type="checkbox"/> Private (septic tank, etc.)  <b>H. TYPE OF WATER SUPPLY</b> 42 <input type="checkbox"/> Public or private company 43 <input type="checkbox"/> Private (well, cistern)	<b>J. DIMENSIONS</b> 48. Number of stories..... 49. Total square feet of floor area, all floors, based on exterior dimensions..... 50. Total land area, sq. ft.....	
<b>F. PRINCIPAL TYPE OF HEATING FUEL</b> 35 <input type="checkbox"/> Gas 36 <input type="checkbox"/> Oil 37 <input type="checkbox"/> Electricity 38 <input type="checkbox"/> Coal 39 <input type="checkbox"/> Other - Specify _____	<b>I. TYPE OF MECHANICAL</b> Will there be central air conditioning? 44 <input type="checkbox"/> Yes      45 <input type="checkbox"/> No  Will there be an elevator? 46 <input type="checkbox"/> Yes      47 <input type="checkbox"/> No	<b>K. NUMBER OF OFF-STREET PARKING SPACES</b> 51. Enclosed..... 52. Outdoors.....  <b>L. RESIDENTIAL BUILDINGS ONLY</b> 53. Number of bedrooms.....  54. Number of bathrooms } Full..... } Partial.....	

NO. STREET

**IV. IDENTIFICATION - To be completed by all applicants**

Name		Mailing address - Number, street, city, and State	ZIP code	Tel. No.
1. Owner or Lessee				
2. Contractor			Builder's License No.	
3. Architect or Engineer				

I hereby certify 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 and we agree to conform to all applicable laws of this jurisdiction.

Signature of applicant	Address	Application date
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**DO NOT WRITE BELOW THIS LINE**

**V. PLAN REVIEW RECORD - For office use**

Plans Review Required	Check	Plan Review Fee	Date Plans Started	By	Date Plans Approved	By	Notes
BUILDING		\$					
PLUMBING		\$					
MECHANICAL		\$					
ELECTRICAL		\$					
OTHER _____		\$					

**VI. ADDITIONAL PERMITS REQUIRED OR OTHER JURISDICTION APPROVALS**

Permit or Approval	Check	Date Obtained	Number	By	Permit or Approval	Check	Date Obtained	Number	By
BOILER					PLUMBING				
CURB OR SIDEWALK CUT					ROOFING				
ELEVATOR					SEWER				
ELECTRICAL					SIGN OR BILLBOARD				
FURNACE					STREET GRADES				
GRADING					USE OF PUBLIC AREAS				
OIL BURNER					WRECKING				
OTHER _____					OTHER _____				

**VII. VALIDATION**

Building Permit number _____ Building Permit issued _____ Building Permit Fee \$ _____ Certificate of Occupancy \$ _____ Drain Tile \$ _____ Plan Review Fee \$ _____	<p style="text-align: center;"><b>FOR DEPARTMENT USE ONLY</b></p> Use Group _____ Fire Grading _____ Live Loading _____ Occupancy Load _____
	Approved by: _____ _____ <p style="text-align: center;">TITLE</p>

# CHECKLIST for SUBMITTAL of PERMIT APPLICATION for NON-RESIDENTIAL PROPERTIES

The following documents must be submitted with the permit application (other items may be required):

- 1 completed application form (be sure to sign under Section IV)
- 2 copies of the plot plan (not needed for basement refinishing & interior alterations)
- 2 copies of the building plans
- 2 copies of the electrical plans with an original approval signature by a 3<sup>rd</sup> party Certified Electrical Plans Examiner
- 1 copy of the zoning compliance sheet
- 1 signed copy of the inspection instructions
- 1 copy of the workers compensation insurance information:
  - Section A must be completed. Section B or C must be completed.
  - Section B requires certificate of workers compensation.
  - Certificate of workers compensation should be attached with the application. If the certificate is faxed later, the application will be delayed until the fax is received.
  - Section C requires notarization.
- 1 copies of the contractor sheet

**IMPORTANT NOTE CONCERNING ELECTRICAL INSPECTIONS:** In accordance with the latest edition of the National Electrical Code, effective immediately, all current and future construction activities shall require the following electrical inspections by a recognized independent inspection agency:

- Electrical service inspections
- Rough wire inspections
- Final electrical inspections
- HVAC electrical connection inspections
- Underground electrical inspections

All approvals are subject to review by the Township. Municipal duplicate cards for each of the above are to be forwarded to the Township upon approval thereof.

10/2017

# EAST BRADFORD TOWNSHIP DIRECTIONS FOR BUILDING PERMIT APPLICATIONS

**PLEASE READ ALL DIRECTIONS**

Each applicant must submit the following completed documents prior to issuance of a building permit:

- I. Two copies of the plot plan to scale, which is practical and legible, showing:
  - A. Owner's name and address
  - B. Date
  - C. Lot size
  - D. Metes and bounds (property description)
  - E. Direction of north
  - F. Right-of-way lines and dimensions
  - G. Easement lines and dimensions
  - H. Set-back lines
  - I. Contour lines for sloping lots or spot elevations for level lots. For steeply sloping lots or lots with unusual topographic conditions, the engineer or codes enforcement officer may require a complete grading plan.
  - J. Physical features, such as catch basins, utility structures, rock outcroppings, streams, existing buildings, parking areas, and driveways
  - K. Location of sanitary sewerage facilities and well. Copies of sewerage and well permits must be included, if applicable.
  - L. Location of structure (exact footprint) for which this permit is required
  - M. Location of driveways, marked "new" or "existing"
  - N. Provisions for erosion and sedimentation control and stormwater management
  - O. Zoning Data- three columns, "Permitted", "Existing", "Proposed",

**Example:**  
R-1 District

<u>Permitted</u>	<u>Existing</u>	<u>Proposed</u>
<p><b>Gross Lot Size:</b> three acres, minimum  <b>Net lot area:</b> one acre minimum  <b>Lot Width at Building Line:</b> 200 feet minimum  <b>Lot Width at Street Line:</b> 50 feet minimum  <b>Lot Width at Street Line:</b> 50 feet minimum  <b>Lot Coverage:</b> 15% maximum  <b>Building Coverage:</b> 10% maximum  <b>Building Setback Line:</b> 75 feet minimum  <b>Side Yards:</b> 30 feet minimum with not less than 70 feet total for both yards  <b>Rear Yard:</b> 50 feet minimum  <b>Building and accessory building or structure height:</b> Three stories above grade plane or 35 feet maximum</p>		

- II. Two copies of building plans showing the below listed items. Plans must be presented in a form generally accepted by construction industry standards. Plans to be properly oriented. Reverse will not be accepted. Single line drawings are not acceptable. Basement drawings shall include all information except exterior elevations.
  - A. Floor plans, foundation and each floor plan @ 1/4" per foot (all dimensions to be expressed in feet) – 2 copies showing materials and dimensions.

1. Foundation walls, footings, chimneys, fireplaces, plumbing fixtures, heating equipment, required ventilating equipment, foundation drains.
  2. Exterior walls, interior partitions, stairs, window and door sizes and locations, rooms and their intended use.
  3. Structural elements, including size, materials and direction or location of beams, girders, columns, lintels, joists, rafters, studding, furring, any required finishes and bracing.
  4. If pre-engineered systems are to be used (e.g. pre-engineered joists, trusses, etc.), layout plans and shop drawings are to be submitted with sign off from design architect.
- B. .Notes: place the following notes on all residential first floor plans:
1. No vertical wires, plastic or plastic foam in return air spaces.
  2. Air conditioning condensing units shall be placed on solid concrete lintels on 3" bed of tamped crushed stone or as directed by manufacturer (3" from grade to equipment).
  3. Draftstops and firestopping at soffits and drop ceilings. Line bottoms of joists with ½" plywood or gypsum board and face of studs with ¾" plywood or 2" nominal lumber prior to building box.
  4. Foundation drain required around perimeter of basement, a 4" diameter perforated pipe, laid in crushed stone, below floor level, inside or outside of foundation and led to sump pit or grade.
  5. Egress window, each bedroom.
  6. No burial pits or burying permitted. No burning permitted. Remove all debris to a legal dumpsite.
- C. Two copies of the elevations (four exterior views) showing: Finished grades, depth of foundations and footings, floor-to-floor heights, roof slopes height from grade to peak, windows, door, projections, overhangs, and exterior materials.
- D. Two copies of typical wall sections showing: Materials and thickness of footings, foundation wall, sill plates, anchorage, framing, furring, sheathing, insulation, parging, damp proofing, roofing, depth of foundation, floor-to-floor heights, and final grade.
- E. All plan options shall be declared prior to building permit application submission.
- F. **If electrical work is proposed the applicant shall submit two copies of the electrical plans with an original approval signature by a third party Certified Electrical Plans Examiner.**
- III. Buildings other than single-family dwelling may require additional information.
- IV. Special structures or unusual conditions may require additional information.

**FAILURE TO PROVIDE ALL INFORMATION AS REQUIRED ABOVE WILL BE CAUSE FOR DENIAL OF PERMIT.**

08/2017

# ZONING COMPLIANCE REPORT

Complete all information **ABOVE** the dotted line; remainder is for office use.

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Name of applicant

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Date of application

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Applicant's address (street/PO box)

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Applicant's telephone (Daytime)

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(city, state, zip)

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Applicant's email

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Location of property (location of work)

---

Name of subdivision (if known)

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Tax parcel number

---

Zoning district

---

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---

Area of tract (acres or square feet)

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Conforming/Non-conforming/Open space

---

Use of tract (residential, commercial, industrial)

---

Conforming/Non-conforming

---

Existing structures (e.g. house, shed, etc.)

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---

Conforming/Non-conforming/Open space

---

Front yard required

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Flood plain

---

Rear yard required

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Slope (approximate)

---

Side yard required

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Erosion and sedimentation control required

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Driveway on state/township/private road

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Other requirements

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Zoning approval / Date

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Subdivision plan drawing numbers

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Zoning denial / Date

---

Subdivision plan date

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Reasons for denial

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Engineer or surveyor who prepared SD plan

# INSPECTION INSTRUCTIONS

## General Notes:

- Please contact the building inspector with any questions at 610-436-5108 x104.
- All **building** inspections must be scheduled through the **Township office (610-436-5108 x107)**.
- All **erosion and sediment (E&S)** inspections must be scheduled with **Melissa Needles (610 436-5108 x107)**. Most inspections require 24 hour notice.
- When scheduling an inspection, please have permit number, lot number and/or street address.
- If a message is left on voice mail, call back to verify the inspection was scheduled.
- Provide an estimated time of completion.

## Inspection Descriptions:

1. Footings ready to pour (building inspection)– This inspection is to be made after placement of sedimentation and erosion controls, excavation or forming for footings, and after placement of any reinforcement if specified but prior to placement of any concrete. Note: footings should have sharp corners, be of appropriate size and be continuous. When structures are close to setback lines, stakes shall be placed accurately, marking the lines that are close to construction.
2. Completion of masonry and foundation drains ("backfill") (building inspection)– This inspection is to be made upon completion of foundation wall, prior to setting of joints in a frame structure or upon completion of all walls, prior to setting ceiling joists and rafters in a masonry structure. All parging and waterproofing shall be complete and foundation drains will be inspected at this time. Sedimentation /erosion controls will be inspected for proper maintenance.
3. Completion of framing ("rough") (building inspection)– This inspection is to be made upon completion of all framing, prior to covering the inside of the structure. All elements to be concealed (i.e. plumbing, heating, electrical) should be complete at this time. An independent electrical underwriter's rough wiring inspection sticker must be on the window prior to the inspection.\* Do not begin drywall or insulation prior to this inspection. Sedimentation /erosion controls will be inspected for proper maintenance.
4. Wallboard inspection prior to spackle.
5. Final inspection and issuance of certificate of occupancy (building inspection)– This inspection is to be made upon completion of the structure and all mechanical and utility systems. If the water supply is public, the meter must be set. The approved Sanitation Installation Certificate, the approved On-Site Water System Permit, and the Bacteriological Report must be returned with this inspection application. An independent electrical underwriter's sticker for service, rough wire and final inspection sticker will be required along with an underwriter's certificate.\* Sedimentation /erosion controls will be inspected for proper maintenance.

**Re-inspections:** If re-inspections are necessary, they must be scheduled through the Township. Every effort will be made to re-inspect as soon as corrections are made.

**\*Electrical Inspections:** In accordance with the latest edition of the International Electrical Code, all construction activities require the following inspections be a recognized independent inspection agency: (1) electrical service (2) rough wire (3) final electrical (4) HVAC electrical connection (5) underground electrical. All approvals are subject to review by the Township. Municipal duplicate cards for each of the above inspection are to be forwarded to the Township upon approval.

## **I have read and acknowledge the above requirements:**

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

Date \_\_\_\_\_ Printed Name of Applicant \_\_\_\_\_

# CONTRACTOR REGISTRATION SHEET

No contractor may work on the site unless they are listed below.

Location of job site: \_\_\_\_\_ Permit number: \_\_\_\_\_

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General contractor: \_\_\_\_\_ Phone number: \_\_\_\_\_

Address: \_\_\_\_\_

Anticipated number of employees: \_\_\_\_\_

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Plumber: \_\_\_\_\_ Phone number: \_\_\_\_\_

Address: \_\_\_\_\_

Anticipated number of employees: \_\_\_\_\_

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Electrician: \_\_\_\_\_ Phone number: \_\_\_\_\_

Address: \_\_\_\_\_

Anticipated number of employees: \_\_\_\_\_

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Other: \_\_\_\_\_ Phone number: \_\_\_\_\_

Address: \_\_\_\_\_

Anticipated number of employees: \_\_\_\_\_

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Other: \_\_\_\_\_ Phone number: \_\_\_\_\_

Address: \_\_\_\_\_

Anticipated number of employees: \_\_\_\_\_

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Other: \_\_\_\_\_ Phone number: \_\_\_\_\_

Address: \_\_\_\_\_

Anticipated number of employees: \_\_\_\_\_



# WORKERS' COMPENSATION INSURANCE COVERAGE INFORMATION SHEET

Section A must be completed. Section B or C must be completed (as appropriate).

A. Is the applicant a contractor within the meaning of the Pennsylvania Workers; Compensation Law?

Yes

No

If yes, complete sections B and C below, as appropriate.

B. Insurance Information – A certificate of workers compensation must be attached (the Township does not keep certificates on file). Faxing it later will delay the review process. East Bradford Township must be listed as the "certificate holder."

Applicant's name: \_\_\_\_\_

Federal or state employer identification number: \_\_\_\_\_

Check one:

Applicant is a qualified self-insurer for workers' compensation. A certificate must be attached.

Applicant is insured by \_\_\_\_\_. A certificate must be attached.

Workers' Compensation Insurance Policy No.: \_\_\_\_\_

C. Exemption – Complete this section if the applicant is a contractor claiming exemption from providing workers' compensation insurance. Notarization is required.

The undersigned swears or affirms that he/she is not required to provide worker' compensation insurance under the provisions of the Pennsylvania Workers' Compensation Law for the following reason (indicate below):

The contractor has no employees. The contractor is prohibited by law from employing any individual to perform work pursuant to this building permit unless the contractor provides proof of insurance to the township.

Religious exemption under the Workers' Compensation Law.

Signature of applicant: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Municipality: \_\_\_\_\_

County: \_\_\_\_\_

Subscribed and sworn before me this \_\_\_ day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
Signature of notary public

My commission expires: \_\_\_\_\_

(Seal)