

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**

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

<p><b>C. COST</b></p> <p>10. Cost of Improvement, ..... \$ _____</p> <p><i>To be installed but not included in the above cost</i></p> <p>a. Electrical, ..... \$ _____</p> <p>b. Plumbing, ..... \$ _____</p> <p>c. Heating, air conditioning, ..... \$ _____</p> <p>d. Other (elevator, etc.), ..... \$ _____</p> <p>11. TOTAL COST OF IMPROVEMENT \$ _____</p>	<p>(Omit cents)</p> <p><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></p> <p>_____</p> <p>_____</p> <p>_____</p>
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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.**

<p><b>E. PRINCIPAL TYPE OF FRAME</b></p> <p>30 <input type="checkbox"/> Masonry (wall bearing)</p> <p>31 <input type="checkbox"/> Wood frame</p> <p>32 <input type="checkbox"/> Structural steel</p> <p>33 <input type="checkbox"/> Reinforced concrete</p> <p>34 <input type="checkbox"/> Other - Specify _____</p>	<p><b>G. TYPE OF SEWAGE DISPOSAL</b></p> <p>40 <input type="checkbox"/> Public or private company</p> <p>41 <input type="checkbox"/> Private (septic tank, etc.)</p>	<p><b>J. DIMENSIONS</b></p> <p>48. Number of stories ..... _____</p> <p>49. Total square feet of floor area, all floors, based on exterior dimensions ..... _____</p> <p>50. Total land area, sq. ft. .... _____</p>	
	<p><b>H. TYPE OF WATER SUPPLY</b></p> <p>42 <input type="checkbox"/> Public or private company</p> <p>43 <input type="checkbox"/> Private (well, cistern)</p>	<p><b>K. NUMBER OF OFF-STREET PARKING SPACES</b></p> <p>51. Enclosed ..... _____</p> <p>52. Outdoors ..... _____</p>	
<p><b>F. PRINCIPAL TYPE OF HEATING FUEL</b></p> <p>35 <input type="checkbox"/> Gas</p> <p>36 <input type="checkbox"/> Oil</p> <p>37 <input type="checkbox"/> Electricity</p> <p>38 <input type="checkbox"/> Coal</p> <p>39 <input type="checkbox"/> Other - Specify _____</p>	<p><b>I. TYPE OF MECHANICAL</b></p> <p>Will there be central air conditioning?</p> <p>44 <input type="checkbox"/> Yes      45 <input type="checkbox"/> No</p> <p>Will there be an elevator?</p> <p>46 <input type="checkbox"/> Yes      47 <input type="checkbox"/> No</p>	<p><b>L. RESIDENTIAL BUILDINGS ONLY</b></p> <p>53. Number of bedrooms ..... _____</p> <p>54. Number of bathrooms</p> <p style="margin-left: 20px;">} Full ..... _____</p> <p style="margin-left: 20px;">} Partial ..... _____</p>	

**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

**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: _____ _____ _____	TITLE _____

# CHECKLIST for SUBMITTAL of PERMIT APPLICATION for GENERATOR PERMIT

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

- 1 completed application form
- 2 copies of the plot plan that shows the location of the generator and its distance from the building, windows that open and property lines
- 2 copies of installation instructions that show how far the generator is to be located from combustible construction, windows that open, etc.
- 2 copies of the Manufacturer Specs for Generator
- 2 copies of electrical plans with an original approval signature by a 3<sup>rd</sup> party Certified Electrical Plans Examiner
- 2 copies of Plumbing Plans
- 1 copy of PECO application for an "Increase in Natural Gas Usage" (if applicable)
- 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 copy of the contractor sheet
- HOA Approval (if applicable)

**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.

12/2017

# EAST BRADFORD TOWNSHIP DIRECTIONS FOR GENERATOR PERMIT APPLICATION

## 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. Physical features, such as catch basins, utility structures, rock outcroppings, streams, existing buildings, parking areas, and driveways
  - J. Location of sanitary sewerage facilities and well. Copies of sewerage and well permits must be included, if applicable.
  - K. Location of Generator (Generator should be no closer than 10 from the property line)
  - L. **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.**

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

12/2017

# ZONING COMPLIANCE REPORT

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

\_\_\_\_\_  
Name of applicant

\_\_\_\_\_  
Date of application

\_\_\_\_\_  
Applicant's address (street/PO box)

\_\_\_\_\_  
Applicant's telephone (Daytime)

\_\_\_\_\_  
(city, state, zip)

\_\_\_\_\_  
Applicant's email

\_\_\_\_\_  
Location of property (location of work)

\_\_\_\_\_  
Name of subdivision (if known)

\_\_\_\_\_  
Tax parcel number

\_\_\_\_\_  
Zoning district  
-----

\_\_\_\_\_  
Area of tract (acres or square feet)

\_\_\_\_\_  
Conforming/Non-conforming/Open space

\_\_\_\_\_  
Use of tract (residential, commercial, industrial)

\_\_\_\_\_  
Conforming/Non-conforming

\_\_\_\_\_  
Existing structures (e.g. house, shed, etc.)  
-----

\_\_\_\_\_  
Conforming/Non-conforming/Open space

\_\_\_\_\_  
Front yard required

\_\_\_\_\_  
Flood plain

\_\_\_\_\_  
Rear yard required

\_\_\_\_\_  
Slope (approximate)

\_\_\_\_\_  
Side yard required

\_\_\_\_\_  
Erosion and sedimentation control required

\_\_\_\_\_  
Driveway on state/township/private road

\_\_\_\_\_  
Other requirements

\_\_\_\_\_  
Zoning approval / Date

\_\_\_\_\_  
Subdivision plan drawing numbers

\_\_\_\_\_  
Zoning denial / Date

\_\_\_\_\_  
Subdivision plan date

\_\_\_\_\_  
Reasons for denial

\_\_\_\_\_  
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 x104)**.
- 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. Final inspection and issuance of certificate of occupancy (building inspection)– This inspection is to be made upon completion all mechanical and utility system. An independent electrical underwriter’s sticker for service and final inspection sticker will be required along with an underwriter’s certificate.

**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: \_\_\_\_\_

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

-----  
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)