

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.

I. LOCATION OF BUILDING	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>A. TYPE OF IMPROVEMENT</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>D. PROPOSED USE - For "Wrecking" most recent use</p> <table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>Residential</p> <p>12 <input type="checkbox"/> One family</p> <p>13 <input type="checkbox"/> Two or more family - Enter number of units - - - - -> _____</p> <p>14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units - - - - -> _____</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>Nonresidential</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>Residential</p> <p>12 <input type="checkbox"/> One family</p> <p>13 <input type="checkbox"/> Two or more family - Enter number of units - - - - -> _____</p> <p>14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units - - - - -> _____</p> <p>15 <input type="checkbox"/> Garage</p> <p>16 <input type="checkbox"/> Carport</p> <p>17 <input type="checkbox"/> Other - Specify _____</p>	<p>Nonresidential</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. OWNERSHIP</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>C. COST</p> <p>10. Cost of Improvement..... \$ _____</p> <p style="text-align: center;"><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>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.</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>E. PRINCIPAL TYPE OF FRAME</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>G. TYPE OF SEWAGE DISPOSAL</p> <p>40 <input type="checkbox"/> Public or private company</p> <p>41 <input type="checkbox"/> Private (septic tank, etc.)</p>	<p>J. DIMENSIONS</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>F. PRINCIPAL TYPE OF HEATING FUEL</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>H. TYPE OF WATER SUPPLY</p> <p>42 <input type="checkbox"/> Public or private company</p> <p>43 <input type="checkbox"/> Private (well, cistern)</p>	<p>K. NUMBER OF OFF-STREET PARKING SPACES</p> <p>51. Enclosed.....</p> <p>52. Outdoors.....</p>
<p>I. TYPE OF MECHANICAL</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>L. RESIDENTIAL BUILDINGS ONLY</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
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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>FOR DEPARTMENT USE ONLY</p> Use Group _____ Fire Grading _____ Live Loading _____ Occupancy Load _____
Approved by: _____ _____ TITLE	

CHECKLIST for SUBMITTAL of PERMIT APPLICATION for SHEDS

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
- 2 copies of the building plans (for pre-fab sheds, 1 copy of brochure indicating shed type)
- 1 copy of the zoning compliance sheet
- 1 signed copy of the inspection instructions

LOCATING YOUR SHED: Per Section 115-11 "Area and Bulk Regulations" of the Code of the Township, residential accessory buildings may be erected in side and rear yards only, provided that an accessory building shall be set not closer to a side or rear lot line than the greatest dimension (length, width, or height) of the building itself unless the accessory building complies with the area and bulk regulations.

FOUNDATIONS FOR SHED: The proposed erection of a residential accessory structure without a foundation less than 250 square feet in area (footprint) (shed or similar), where the shed is placed over an excavated area 8 inches deep filled with a bed of 8 inches of stone aggregate, extended 2 feet beyond the drip line of the shed roof (all sides). The stone aggregate must be clean stone (no files), no smaller than ¾ inch (PennDOT 2B or AASHTO #57).

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 x107)**.
- 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. Completion of framing (“rough”) (building inspection)—If field Constructed only. 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.
2. 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)

(Print Name)

08/2017

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: _____

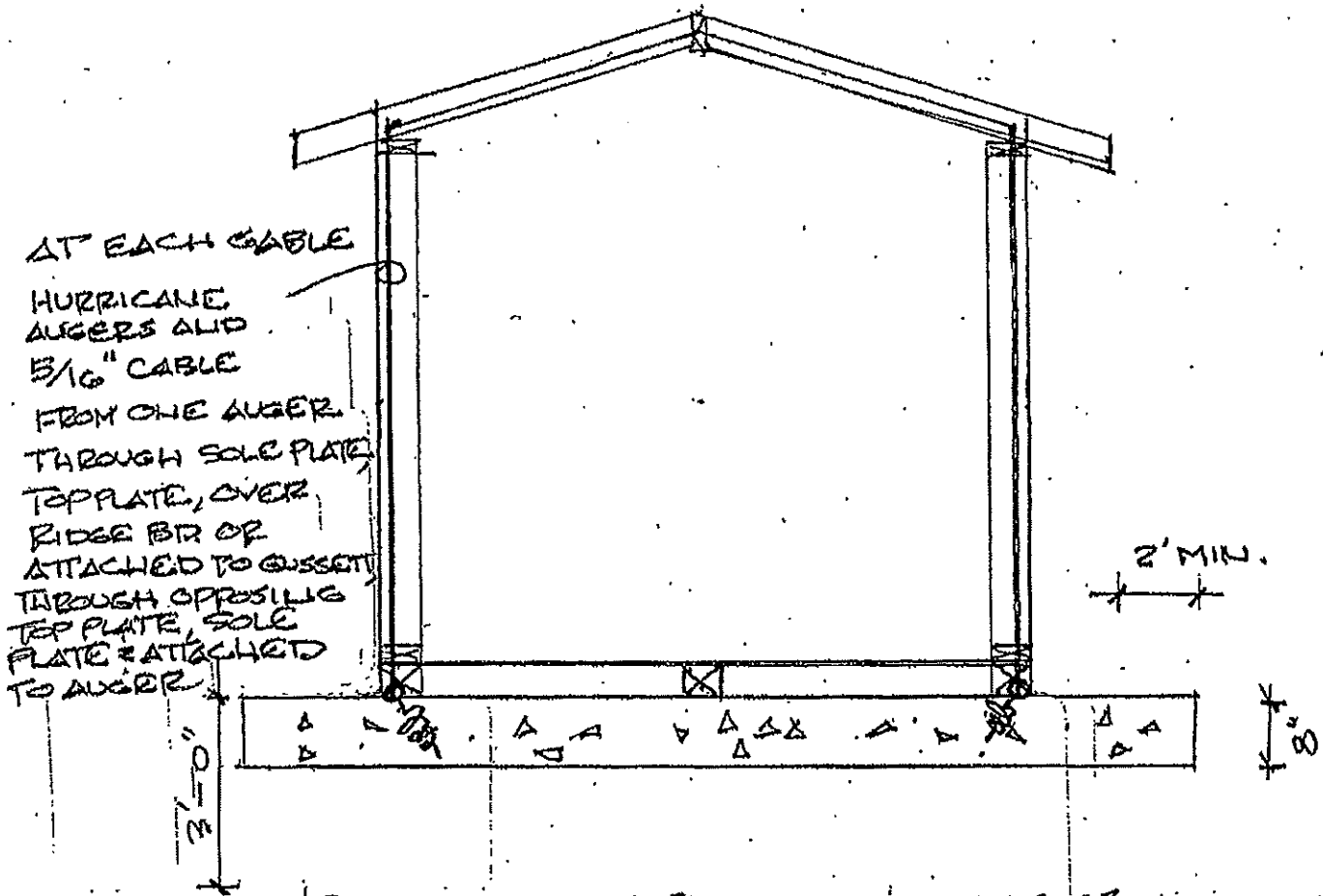
Subscribed and sworn before me this ___ day of _____, 20__

Signature of notary public

My commission expires: _____

(Seal)

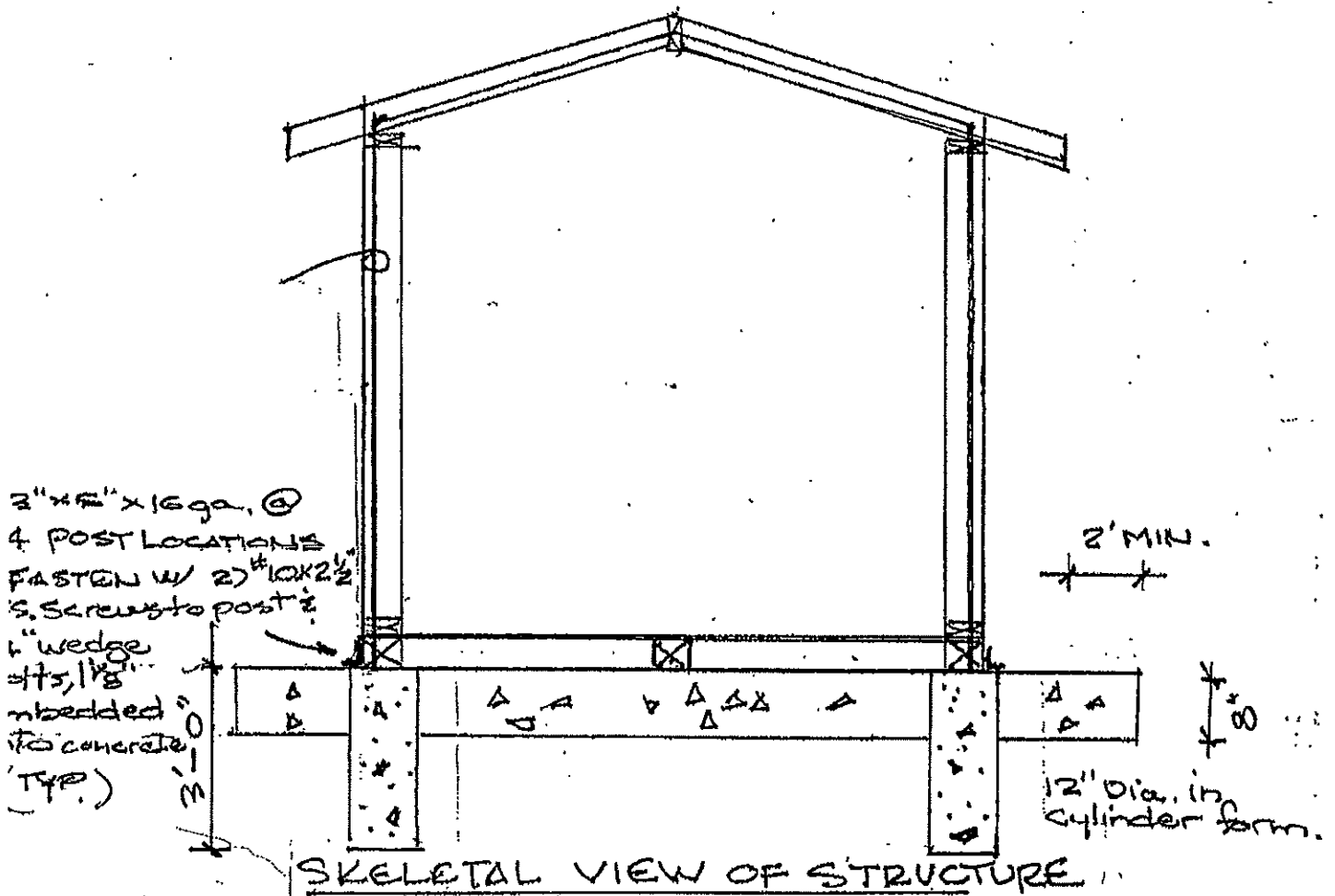
SHED ATTACHMENT



SKELETAL VIEW OF STRUCTURE

STONE BED TO BE 8" DEEP MIN., FILLED WITH
8" OF STONE AGGREGATE AND BE WIDE ENOUGH
TO EXTEND 2' BEYOND SHED ROOF DRIP LINE.
THE STONE AGGREGATE MUST BE CLEAN STONE
(NO FINES) AND NO SMALLER THAN 3/4" (PENNDOT 2B OR
AASHTO # 57).

SHED
ATTACHMENT
ALTERNATIVE



STONE BED TO BE 8" DEEP MIN., FILLED WITH
8" OF STONE AGGREGATE AND BE WIDE ENOUGH
TO EXTEND 2' BEYOND SHED ROOF DRIP LINE.
THE STONE AGGREGATE MUST BE CLEAN STONE
(NO FINES) AND NO SMALLER THAN 3/4" (PENNDOT 2B OR
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