

UNIFORM CONSTRUCTION PERMIT APPLICATION WEST NANTMEAL TOWNSHIP

*** Required information**

***Date of Application** _____ **Permit #** _____

LOCATION OF PROPOSED WORK OR IMPROVEMENT

*Mailing Address: _____

Tax Parcel ID # _____

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

*Owner: _____ *Phone # _____ Email _____

*Owner Address: _____ *City: _____ *State: _____ * Zip: _____

*Applicant: _____ *Phone# _____ Email _____

*Applicant Address: _____ *City: _____ *State: _____ * Zip: _____

*Contractor: _____ *Phone# _____ Email _____

*Contractor Address: _____ *City: _____ *State: _____ * Zip: _____

Architect/Engineer: _____ Phone# _____ Email _____

Arch/Engr Address: _____ City: _____ State: _____ Zip: _____

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

- New Building | Addition | Alteration | Repair | Demolition | Accessibility | Change of Use | Relocation

***PERMIT INSERTS ENCLOSED** (Check All That Apply)

- Building | Electrical | Mechanical | Plumbing | Residential | Impervious Surface |
 Commercial License | Rental License | Road Opening | Sign | Zoning |

USE/OCCUPANCY CLASSIFICATION (Check All That Apply)

- | | | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|
| A-1 <input type="checkbox"/> | A-2 <input type="checkbox"/> | A-3 <input type="checkbox"/> | A-4 <input type="checkbox"/> | A-5 <input type="checkbox"/> | B <input type="checkbox"/> | E <input type="checkbox"/> |
| F-1 <input type="checkbox"/> | F-2 <input type="checkbox"/> | H-1 <input type="checkbox"/> | H-2 <input type="checkbox"/> | H-3 <input type="checkbox"/> | H-4 <input type="checkbox"/> | H-5 <input type="checkbox"/> |
| I-1 <input type="checkbox"/> | I-2 <input type="checkbox"/> | I-3 <input type="checkbox"/> | I-4 <input type="checkbox"/> | M <input type="checkbox"/> | R-1 <input type="checkbox"/> | R-2 <input type="checkbox"/> |
| R-3 <input type="checkbox"/> | R-4 <input type="checkbox"/> | S-1 <input type="checkbox"/> | S-2 <input type="checkbox"/> | U <input type="checkbox"/> | | |

***DESCRIBE THE PROPOSED WORK:**

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

PERMIT FEE: \$ _____ (ALL PERMITS) + \$ _____ (C OF O) + \$4.50 (UCC FEE) = \$ _____

DESCRIPTION OF BUILDING USE (Check One)

RESIDENTIAL

- Hotels (R-1)
 Multi-Family (R-2)
 One-Family Dwelling (R-3)
 Two-Family Dwelling (R-3)
 Res. Care/Assisted Living (R-4)

NON-RESIDENTIAL

Use Group: _____
Change in Use: YES NO
If YES, Indicate Former: _____
Maximum Occupancy Load: _____
Maximum Live Load: _____

Sq. ft. of conditioned space		Floor area new construction (sq. ft.)	
Sq. ft. of unconditioned space		Floor area of addition (sq. ft.)	
Number of stories above grade		Floor area renovated (sq. ft.)	
Does it have a basement ?	<input type="checkbox"/> Yes <input type="checkbox"/> No	# of multi-family dwelling units	
Total floor area (sq. ft.)		# of accessible dwelling units	

***ZONING COMPLIANCE**

Is a zoning permit required for this project? Yes No
Date issued: _____ Other: Variance SE CU

Minimum setbacks required by zoning ordinance (ft):
Front _____ Rear _____ Right Side _____ Left Side _____

***STORMWATER DATA**

Current Sq.Ft. Building _____ Proposed Sq.Ft. Building _____
Current Sq.Ft. Impervious _____ Proposed Sq.Ft. Impervious _____

***BUILDING/SITE CHARACTERISTICS**

Number of Residential Dwelling Units: _____ Existing, _____ Proposed
Mechanical: Indicate Type of HVAC System (Hot Air, etc.) and Fuel (i.e., electric, gas, etc.)

Type: _____

Fuel: _____

Water Service: (Check) Public Private

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

***BUILDING SPECIAL FEATURES**

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

Elevator/Escalators/Lifts/Moving walks: (Check) YES NO

Sprinkler System: YES NO

Pressure Vessels: YES NO

Refrigeration Systems: 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.

***FLOODPLAIN**

Is the site located within an identified flood prone area? (Check One) YES NO N/A

Will any portion of the flood prone area be developed? (Check One) YES NO N/A

If "yes," attach one of the flood hazard certifications mandated in section 1612.5 of the International Building Code.

Owner/Agent shall verify that any proposed construction 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 (d).

***WETLANDS**

Is the site located within an identified wetland area? (Check One) YES NO

Will any portion of the wetland area be developed? (Check One) YES NO N/A

Owner/Agent shall verify that any proposed construction activity complies with the requirements of the Commonwealth of Pennsylvania Department of Environmental Protection (25 Pa. Code Chapter 105).

FOR 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"/> OTHER _____	-----APPROVED _____

APPROVALS:

BUILDING PERMIT DENIED: _____	Date _____	Date Returned _____
BUILDING PERMIT APPROVED: _____	Date _____	
CODE ADMINISTRATOR _____		
Date Issued _____	Date Expires _____	PERMIT # _____
BUILDING PERMIT FEE \$ _____		RECEIPT # _____
PLUMBING PERMIT (if appl.) _____		RECEIPT # _____
MECHANICAL PERMIT (if appl.) _____		RECEIPT # _____
ELECTRICAL PERMIT (if appl.) _____		RECEIPT # _____

PROJECT DOCUMENTS (DRAWINGS & CALCULATIONS)

Type of document:	Submitted	Signed & Sealed	Date:	Revision Date:
Geotechnical Report	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
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	_____	_____
Structural Calculations	<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	_____	_____
Workers Comp.Certificate	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Plans Reviewed by _____		PA Reg & Cert # _____		
Accessibility Rev'd by: _____		PA Reg & Cert # _____		

DATE STAMP:

APPLICATION RECEIVED	REVIEWS COMPLETED	PERMITS APPROVED

Applicant's Certification:

As the owner or the authorized agent of the project for which this application is filed, I certify that:

1. The applicant certifies that description of use, estimated construction cost and all other information provided as part of this application for a building permit is correct.
2. The property owner and applicant assumes the responsibility of locating all property lines, setback lines, easements, rights-of way, flood areas, etc.
3. The building or structure described in this application will not be occupied until all known code violations are corrected and a Certificate of Occupancy has been received from the West Nantmeal Township.
4. This project will be constructed and the work will be completed in accordance with the "approved" construction documents and the Uniform Construction Code standards as specified in 34 PA Code Chapters 401-405, and any additional approved building code requirements adopted by the Municipality.
5. Any changes to the approved documents will be filed with the West Nantmeal Township.
6. If the licensed architect or engineer in responsible charge of this construction should change, written notice of the change will be provided to the West Nantmeal Township.
7. No error or omission in either the drawings and specifications or application, whether approved or not, or issuance of a permit shall permit or relieve me from constructing the work in any manner other than provided for in 34 PA Code Chapters 401-405 and any additional approved building code requirements adopted by the Municipality.
8. If signed by someone other than the construction owner, this work has been authorized by the owner of record and I have been authorized by the owner to complete this application on his behalf. I will be acting on behalf of the owner as:

___ ARCHITECT ___ ENGINEER ___ CONTRACTOR ___ AGENT/OTHER:

9. The applicant certifies he/she understands all the applicable codes, ordinances and regulations.

APPLICANT **MUST** COMPLETE THE ENTIRE SECTION BELOW:

* **OWNER** **OTHER** *INDICATE* (Architect Engineer Contractor Agent/Other)

*Applicant signature:

*Name (typed or printed)

*Phone Number

Fax Number

email

*Mailing Address:

