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*

A. TYPE OF IMPROVEMENT

1 ☐ New building
2 ☐ Addition *(If residential, enter number of new housing units added, if any, in Part D, 13)*
3 ☐ Alteration *(See 2 above)*
4 ☐ Repair, replacement
5 ☐ Wrecking *(If multifamily residential, enter number of units in building in Part D, 13)*
6 ☐ Moving (relocation)
7 ☐ Foundation only

B. OWNERSHIP

8 ☐ Private (individual, corporation, nonprofit institution, etc.)
9 ☐ Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential

12 ☐ One family
13 ☐ Two or more family – *Enter number of units* – – – – → _____
14 ☐ Transient hotel, motel, or dormitory – *Enter number of units* – – – – – – – – → _____
15 ☐ Garage
16 ☐ Carport
17 ☐ Other – *Specify* _____

Nonresidential

18 ☐ Amusement, recreational
19 ☐ Church, other religious
20 ☐ Industrial
21 ☐ Parking garage
22 ☐ Service station, repair garage
23 ☐ Hospital, institutional
24 ☐ Office, bank, professional
25 ☐ Public utility
26 ☐ School, library, other educational
27 ☐ Stores, mercantile
28 ☐ Tanks, towers
29 ☐ Other – *Specify* _____

C. COST

	(Omit cents)
10. Cost of improvement	$
To be installed but not included in the above cost	
a. Electrical	
b. Plumbing	
c. Heating, air conditioning	
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$

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.

_____

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.*

E. PRINCIPAL TYPE OF FRAME

30 ☐ Masonry (wall bearing)
31 ☐ Wood frame
32 ☐ Structural steel
33 ☐ Reinforced concrete
34 ☐ Other – *Specify* _____

F. PRINCIPAL TYPE OF HEATING FUEL

35 ☐ Gas
36 ☐ Oil
37 ☐ Electricity
38 ☐ Coal
39 ☐ Other – *Specify* _____

G. TYPE OF SEWAGE DISPOSAL

40 ☐ Public or private company
41 ☐ Private (septic tank, etc.)

H. TYPE OF WATER SUPPLY

42 ☐ Public or private company
43 ☐ Private (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?

44 ☐ Yes 45 ☐ No

Will there be an elevator?

46 ☐ Yes 47 ☐ No

J. DIMENSIONS

48. Number of stories _____
49. Total square feet of floor area, all floors, based on exterior dimensions _____
50. Total land area, sq. ft. _____

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed _____
52. Outdoors _____

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms _____
54. Number of bathrooms { Full _____ / Partial _____

CHECKLIST for SUBMITTAL of PERMIT APPLICATION for DEMOLITION

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
- ☐ 1 copy of the zoning compliance sheet
- ☐ 1 signed copy of the inspection instructions
- ☐ 1 copy of DEP executed form for non-residential Demoltion.
- ☐ 1 copy of the workers compensation insurance information:
  - ☐ Section A must be completed. Section B <u>or</u> 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
- ☐ 1 Photo of Structure to be Demolished

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:

- Removal of Electrical Equipment

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.

Brenden L. Beaumont
East Bradford Township Code Enforcement Officer

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

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

II. 81/2 X 11 Photos of Structure to be demolished.

III. Safety measures to be taken before, during and after the demolition process.
IV. Special structures or unusual conditions may require additional information.
V.

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

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 (Work)
(city, state, zip)	Applicant's telephone (Home)
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.
- All **building** inspections must be scheduled through the **Township office (610-436-5108)**. On the day of your inspection, call the Township between 8:30-9:30 a.m. to confirm your inspection and to be given the scheduled time by the inspector (specific times are not assigned when initially scheduling). If you do not call between 8:30-9:30 a.m., the inspector will not come out.
- All **erosion and sediment** (E&S) inspections must be scheduled with **Melissa Needles (610) 436-5108 x107**. Most inspections require three working days notice (exceptions: footings, under slab plumbing, pool steel, sewer laterals, re-inspections). (Example: inspections requested Tuesday will be scheduled for Friday.).
- 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.
- Pursuant to §90-10D.(2), a scheduled building inspection will be postponed if the sedimentation erosion controls are not properly implemented or maintained.
- Provide an estimated time of completion.

Inspection Descriptions:

1. Final inspection and issuance of certificate of occupancy (building inspection) (3 working days notice required) – This inspection is to be made upon completion of he 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)

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: _____

Municipality: _____ County: _____

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

_____

Signature of notary public

My commission expires: _____

(Seal)

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 $ _____

FOR DEPARTMENT USE ONLY

Use Group _____

Fire Grading _____

Live Loading _____

Occupancy Load _____

Approved by:

_____

_____

TITLE