

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><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>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>
	<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>		

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).

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.
- 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. Completion of framing ("rough") (building inspection) (3 working days notice required) –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) (3 working days notice required) – 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)

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

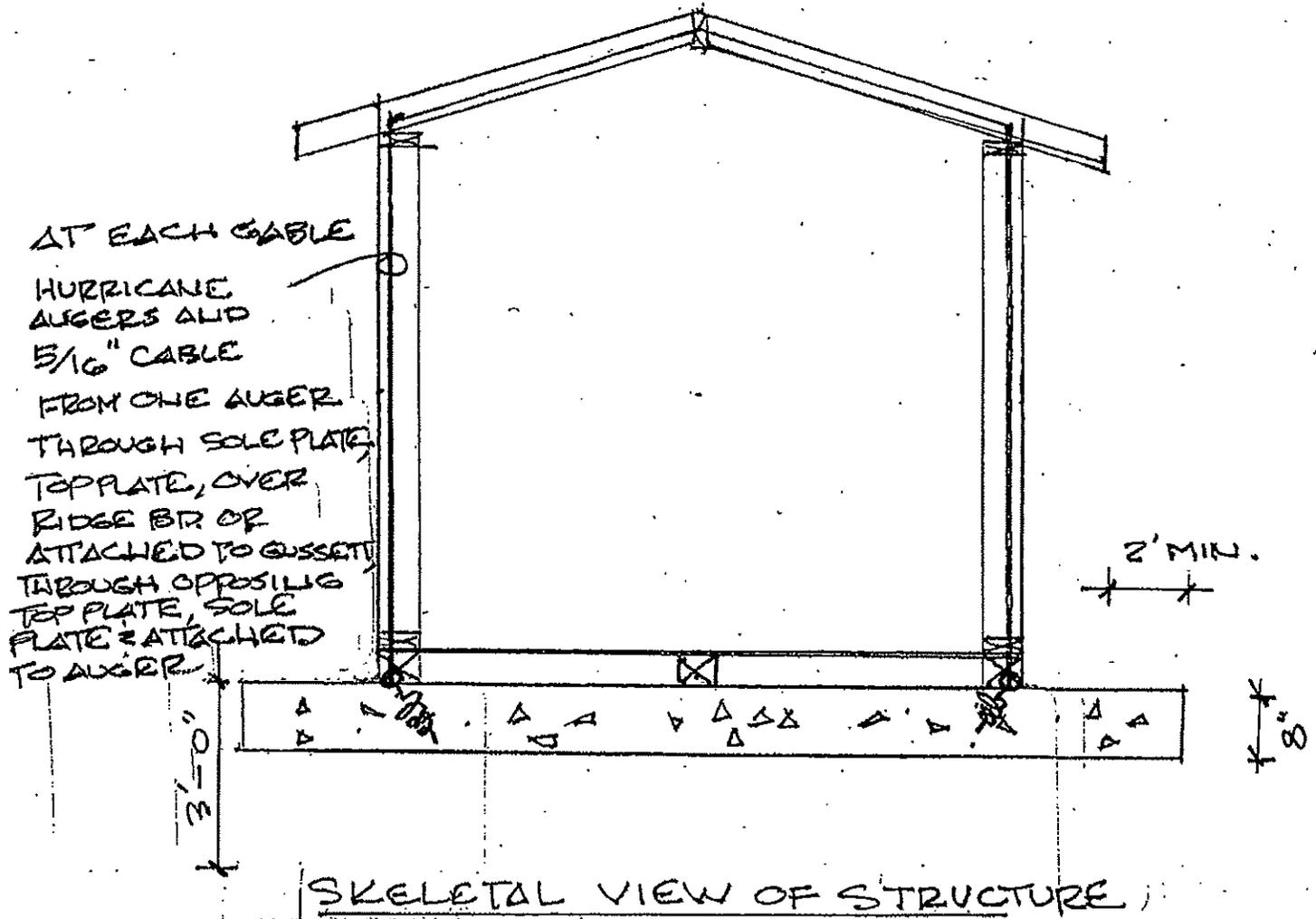
Zoning denial / Date

Subdivision plan date

Reasons for denial

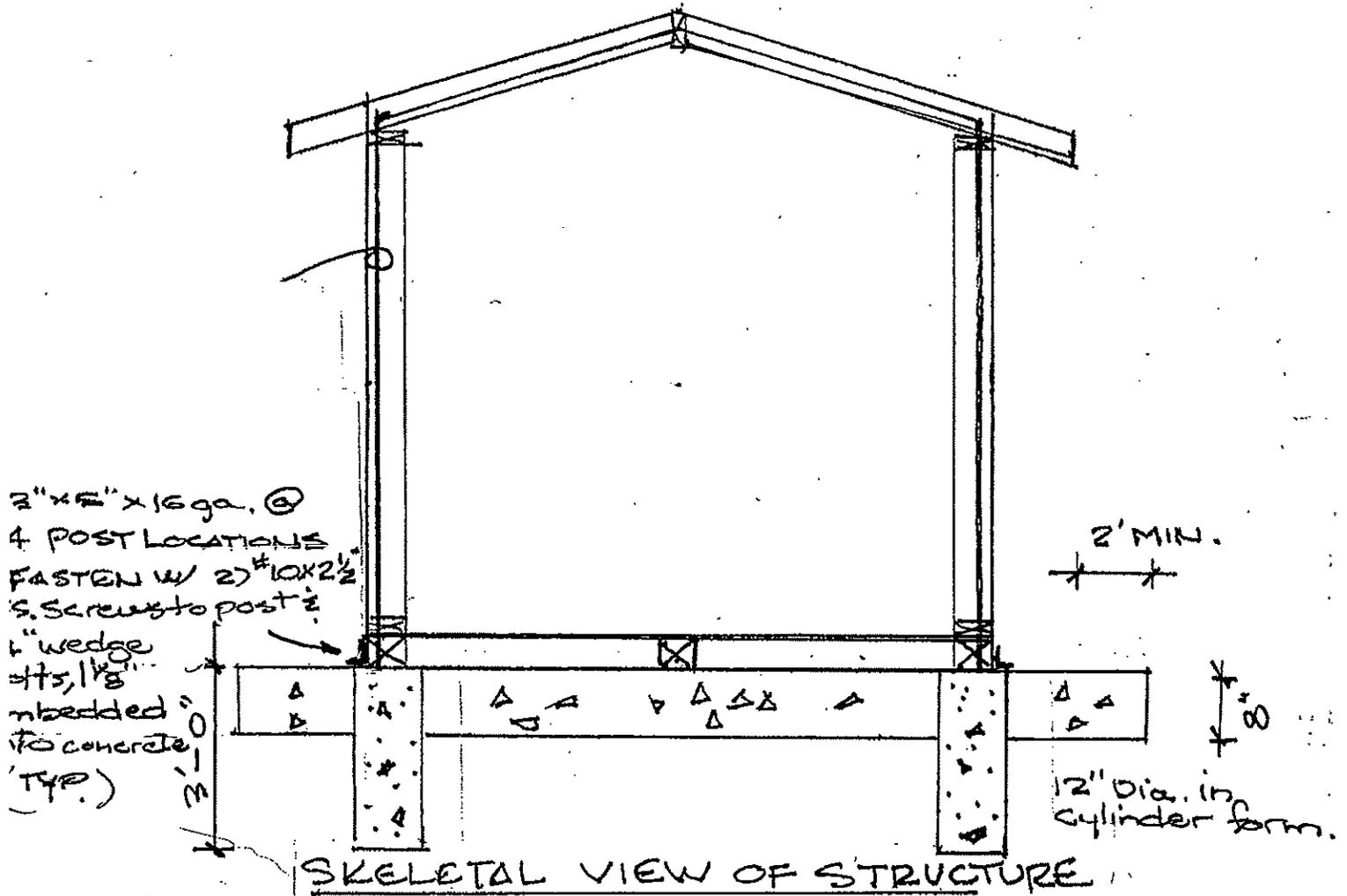
Engineer or surveyor who prepared SD plan

SHED ATTACHMENT



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
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EAST BRADFORD TOWNSHIP 666 Copeland School Road, West Chester, PA 19380 Rev. 11-22-11
BUILDING PERMITS & INSPECTIONS
SERVICE QUALITY FEEDBACK

One of the primary objectives of the East Bradford Township Board of Supervisors and Township Staff is delivery of professional service – courteous, responsive and informative. Building permit application, inspections and permit issuance are essential services for Township residents. Please take a few minutes to share your experience with the Township; your input is very important.

OPTIONAL: Name: _____

Property Owner _____ Contractor _____

1. On a scale of 1 to 5 with a rating of 1 Unsatisfactory and 5 Excellent, please rate the overall process: 1__ 2__ 3__ 4__ 5__

2. Was the building permit issued in the time period represented by the Township?
YES _____ NO _____

Comment: _____

3. Did you receive professional, courteous, helpful service during the application and inspection process?
YES _____ NO _____

Comment: _____

4. If plan revisions were determined necessary by the Township did you receive a satisfactory explanation from the Township including reference to documented provisions in the building code?
YES _____ NO _____

Comment: _____

5. Were the inspections promptly scheduled and conducted with satisfactory information documenting the inspection?
YES _____ NO _____

Comment: _____

6. If a reinspection was required did you receive a satisfactory explanation from the Township including reference to documented provisions in the building code?
YES _____ NO _____

Comment: _____

Please use the other side (or a separate sheet) to provide additional comment or suggestions. This form also is available on the Township web site www.eastbradford.org

Thank you for sharing with East Bradford Township. Your comments will be reviewed by the Board of Supervisors.

Please return survey in a sealed envelope c/o Township Manager; all responses are confidential.

If you would like a follow-up response, please include your name and telephone number or email address. Thank you.

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 \$ _____	<table border="1"> <thead> <tr> <th colspan="2">FOR DEPARTMENT USE ONLY</th> </tr> </thead> <tbody> <tr> <td>Use Group</td> <td>_____</td> </tr> <tr> <td>Fire Grading</td> <td>_____</td> </tr> <tr> <td>Live Loading</td> <td>_____</td> </tr> <tr> <td>Occupancy Load</td> <td>_____</td> </tr> </tbody> </table> <p>Approved by: _____</p> <p>_____</p> <p align="center">TITLE</p>	FOR DEPARTMENT USE ONLY		Use Group	_____	Fire Grading	_____	Live Loading	_____	Occupancy Load	_____
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