

COMBINATION APPLICATION & BUILDING PERMIT

LOWER FREDERICK TOWNSHIP

53 Spring Mount Road – Box 253
Zieglerville, Pennsylvania 19492
Telephone No.: 610-287-8857
Fax No.: 610-287-0540
Email: STAFF@LowerFrederick.org

REQUIRED INFORMATION FOR ALL PERMITS WHERE ANY TYPE OF IMPROVEMENT OR STRUCTURE IS PLACED ON PROPERTY

PROPERTY OWNER ADDRESS PHONE
TYPE OF PERMIT REQUESTED

Lot size-attach plot plan denote all improvements on property
All proposed improvements must show detail such as height, width, length, front, rear and side elevation and be drawn to scale. Residential improvements do not need an architectural seal unless requested due to specific job work. All other Commercial, Industrial shall have an Architectural Seal. All Contractors are required to have Liability Insurance and Register with the Township and pay appropriate fee. Permits are not required for normal maintenance of property, but are required for the following: (complete attached pages 1 to 4)

- 1. All New Construction
2. Renovations including finished basements
3. Additions to any type building
4. Detached Garage, Shed, Pole Barn
5. Decks & Patios
6. In-Ground Pool & Above Ground Pools
7. Fences & Walls
8. Grading of Property
9. New Roofing on existing structures
10. Driveways and Road Encroachments (Escrow Required)
11. Plumbing, Electrical & Mechanical (HVAC)
12. Business Signs - All Zoning Districts
13. Demolition

Building Official Approval: Permit Number:

A minimum of five (5) inspections are required for all new construction work: (1) Foundations/footings (2) Frame/masonry inspection (3) Plumbing, mechanical (HVAC) inspection (4) insulation & wallboard inspection (5) Final inspection-However other inspections may be done if building official feels they are required. - CODES IN FORCE ARE: CURRENT INTERNATIONAL BUILDING, RESIDENTIAL BUILDING AND EXISTING BUILDING, PLUMBING, MECHANICAL, FUEL GAS, ENERGY CONSERVATION, FIRE CODE AND THE NATIONAL ELECTRICAL CODE AND ICC/ANSI-A117.1 ACCESSIBLE REQUIREMENTS. WORK SHALL NOT PROCEED UNTIL THE INSPECTOR HAS APPROVED THE VARIOUS STAGES OF CONSTRUCTION. It is the responsibility of the owner/contractor to notify the Building Official at the various times during construction. It is the responsibility of the owner to know his property description and boundary, the Building Official may require a survey before issuing a permit for any work. PERMIT WILL BECOME NULL AND VOID IF CONSTRUCTION WORK IS NOT STARTED WITHIN SIX MONTHS OF DATE THE PERMIT IS ISSUED. ALL WORK SHALL BE COMPLETED WITHIN ONE YEAR AFTER START OF CONSTRUCTION. THE BUILDING OFFICIAL SUBJECT TO HIS REVIEW MAY ALLOW ADDITIONAL TIME. ADDITIONAL FEES MAY BE REQUIRED. WHERE APPLICABLE SEPARATE PERMITS ARE REQUIRED FOR ELECTRICAL, PLUMBING AND MECHANICAL INSTALLATIONS.

LOWER FREDERICK TOWNSHIP

53 Spring Mount Road - Box 253
 Zieglerville, Pennsylvania 19492
 Telephone No.: 610-287-8857
 Fax No.: 610-287-0540
 Email: STAFF@LowerFrederick.org

PERMIT NO _____

FILE INFO: LOCATION _____

NAME _____

COMBINATION APPLICATION & BUILDING PERMIT

APPLICANT INSTRUCTIONS: For all applications, complete Parts 1,2,3 & 4 of this form. If electrical work, complete also Part 6. If plumbing work, complete also Part 7. If mechanical work complete also Part 8. For other permits, complete also Part 9. Site Plan (Part 10) is to be shown on Page 4 or attached hereto. Parts 11 - 18 (Pages 5 and 6) are for department use only.

App. Date ____/____/____	Type Permit <input type="checkbox"/> Building (B)	<input type="checkbox"/> Electrical (E)	<input type="checkbox"/> Plumbing (P)	Is Owner Applicant (Y / N)
	<input type="checkbox"/> Mechanical (M)	<input type="checkbox"/> Other (O) (See Item 9, Pg. 3)		

1. PROPERTY INFORMATION

Street Address	Apt.	Zip	Parcel Number	Zoning
Subdivision	Lot Number	Parcel Type <input type="checkbox"/> Residential (R) <input type="checkbox"/> Commercial (C)	<input type="checkbox"/> Industrial (I)	<input type="checkbox"/> Other (O)

2. OWNER INFORMATION

First Name	Last Name or Business Name	Phone
Street Address	City	State Zip

3. CONTRACTORS INFORMATION (Contractors MUST register with Township)

	NAME OF CONTRACTOR	ST. ADDRESS	CITY, ST.	PHONE NO.
Applicant (not owner)	LAST NAME, FIRST NAME			
Architect / Engineer				
General Contractor				
Excavation - Grading				
Concrete				
Carpentry				
Electrical				
Plumbing				
Sewer				
Mechanical				
Roofing				
Masonry				
Drywall or Lathing				
Sprinkler				
Fence / Walls				
Pool / Swim				
Demolition				

4. CERTIFICATION

I hereby certify that I am the owner of record of the named property, or 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 I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the code official or the code official's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.

SIGNATURE OF APPLICANT _____ ADDRESS _____ PHONE NO. _____

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE _____ PHONE NO. _____

No
Street

5. BUILDING PERMIT APPLICATION

For Dept. Use Only	Request Plan No. Assignment (Y/N)	PROPOSED USE:		INSTITUTIONAL	<input type="checkbox"/> OTHER (24)
Plan Number		ASSEMBLY	<input type="checkbox"/> GROUP HOME (12)	PARKING GARAGE	
IMPROVEMENT TYPE:		<input type="checkbox"/> THEATRE (1)	<input type="checkbox"/> HOSPITAL (13)	CARPORT	
<input type="checkbox"/> NEW CONSTRUCTION (1)		<input type="checkbox"/> NIGHT CLUB (2)	<input type="checkbox"/> JAIL (14)	MOTOR FUEL SERV.	
<input type="checkbox"/> ADDITION (2)		<input type="checkbox"/> RESTAURANT (3)	<input type="checkbox"/> MERCANTILE (15)	REPAIR GARAGE	
<input type="checkbox"/> ALTERATION (3)		<input type="checkbox"/> CHURCH (4)	RESIDENTIAL	PUBLIC UTILITY	
<input type="checkbox"/> REPAIR / REPLACEMENT (4)		<input type="checkbox"/> OTHER ASSEMBLY (5)	<input type="checkbox"/> HOTEL, MOTEL (16)	_____	
<input type="checkbox"/> DEMOLITION (5)		<input type="checkbox"/> BUSINESS (6)	<input type="checkbox"/> MULTI-FAMILY (17)	_____	
<input type="checkbox"/> RELOCATION (6)		EDUCATIONAL	<input type="checkbox"/> SINGLE FAMILY	_____	
<input type="checkbox"/> FOUNDATION ONLY (7)		<input type="checkbox"/> (GRADES 1-12) (7)	<input type="checkbox"/> TWIN / DUPLEX	_____	
<input type="checkbox"/> CHANGE OF USE ONLY (8)		<input type="checkbox"/> DAY CARE FACILITY (8)	<input type="checkbox"/> ATTACHED GARAGE	_____	
<input type="checkbox"/> STRUCTURAL (check that applicable)		FACTORY	STORAGE	_____	
<input type="checkbox"/> Frame		<input type="checkbox"/> MODERATE HAZARD (9)	<input type="checkbox"/> SHEDS / BARNs	_____	
<input type="checkbox"/> Steel (1)		<input type="checkbox"/> LOW HAZARD (10)	<input type="checkbox"/> DETACHED GARAGE	_____	
<input type="checkbox"/> Concrete (3)		<input type="checkbox"/> HIGH HAZARD (11)			
<input type="checkbox"/> Masonry (2)					
<input type="checkbox"/> Wood (4)					
<input type="checkbox"/> Other (5), Identify: _____					
<input type="checkbox"/> Exterior (Check those applicable)					
<input type="checkbox"/> Steel (1)					
<input type="checkbox"/> Concrete (3)					
<input type="checkbox"/> Masonry (2)					
<input type="checkbox"/> Wood (4)					
<input type="checkbox"/> Other (5), Identify: _____					
Are any structural assemblies fabricated off-site? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Street Frontage (Feet)		Stories (Number)		Lot Area (Sq. feet)	
Front Setback (Feet)		Bed Rooms (Number)		Building Area (Sq. feet)	
Rear Setback (Feet)		Full Baths (Number)		Parking Area (Sq. feet)	
Left Setback (Feet)		Partial Baths (Number)		Living Area (Sq. feet)	
Right Setback (Feet)		Garages (Number)		Basement Area (Sq. feet)	
Height Above Grade (Feet)		Windows (Number)		Garage Area (Sq. feet)	
New Residential Units (Number)		Fireplaces (Number)		Office/Sales (Sq. feet)	
Existing Residential Units (Number)		Enclosed Parking (Number)		Service (Sq. feet)	
Elevators / Escalator (Number)		Outside Parking (Number)		Manufacturing (Sq. feet)	
Est. Start _____ / _____ / _____		Est. Finish _____ / _____ / _____		Building Est. Value \$	

6. ELECTRICAL PERMIT APPLICATION

Electrical Work Yes No

Total Service _____ AMPS		Number of Circuits: _____ 2 WIRE _____ 3 WIRE _____ 4 WIRE			Number of Service Outlets: _____ 110V _____ 220V		
	POWER DEVICES	No.	OUTPUT/LOAD		POWER DEVICES	No.	OUTPUT/LOAD
1				7			
2				8			
3				9			
4				10			
5							
6				Total Number of Motors			
Utility Service Revisions:							
Est. Start _____ / _____ / _____		Est. Finish _____ / _____ / _____			Electrical Work Est. Value \$		

7. PLUMBING PERMIT APPLICATION

Plumbing Work Yes No

Enter the Number of Fixtures Being Installed, Replaced or Repaired			
Tubs/showers		Drinking Fountains	Back Flow Preventers
Shower Stalls		Floor Drains	Water Pumps
Lavatories		Water Heaters	Roof Openings
Toilets		Water Softeners	Parking Lot Drains
Urinals		Sewage Ejectors	Inside Downspouts
Sinks		Sump Pumps	Swimming Pools
Laundry Tubs		Grease Traps	Standpipes (Y/N) (Number Hose Outlets)
Dishwashers		Bidets	Fire Sprinklers (Y/N) (Number of Heads)
Garbage Disposals			
			Total Fixtures
Public Water (Y/N)		Public Sewer (Y/N)	
Water Service Size _____ IN.	Water Meter Size _____ IN.	Avg. Daily Water Use _____ GPD	
Utility Service Revisions:			
Est. Start ____ / ____ / ____	Est. Finish ____ / ____ / ____	Plumbing Work Est. Value \$	

8. MECHANICAL PERMIT APPLICATION

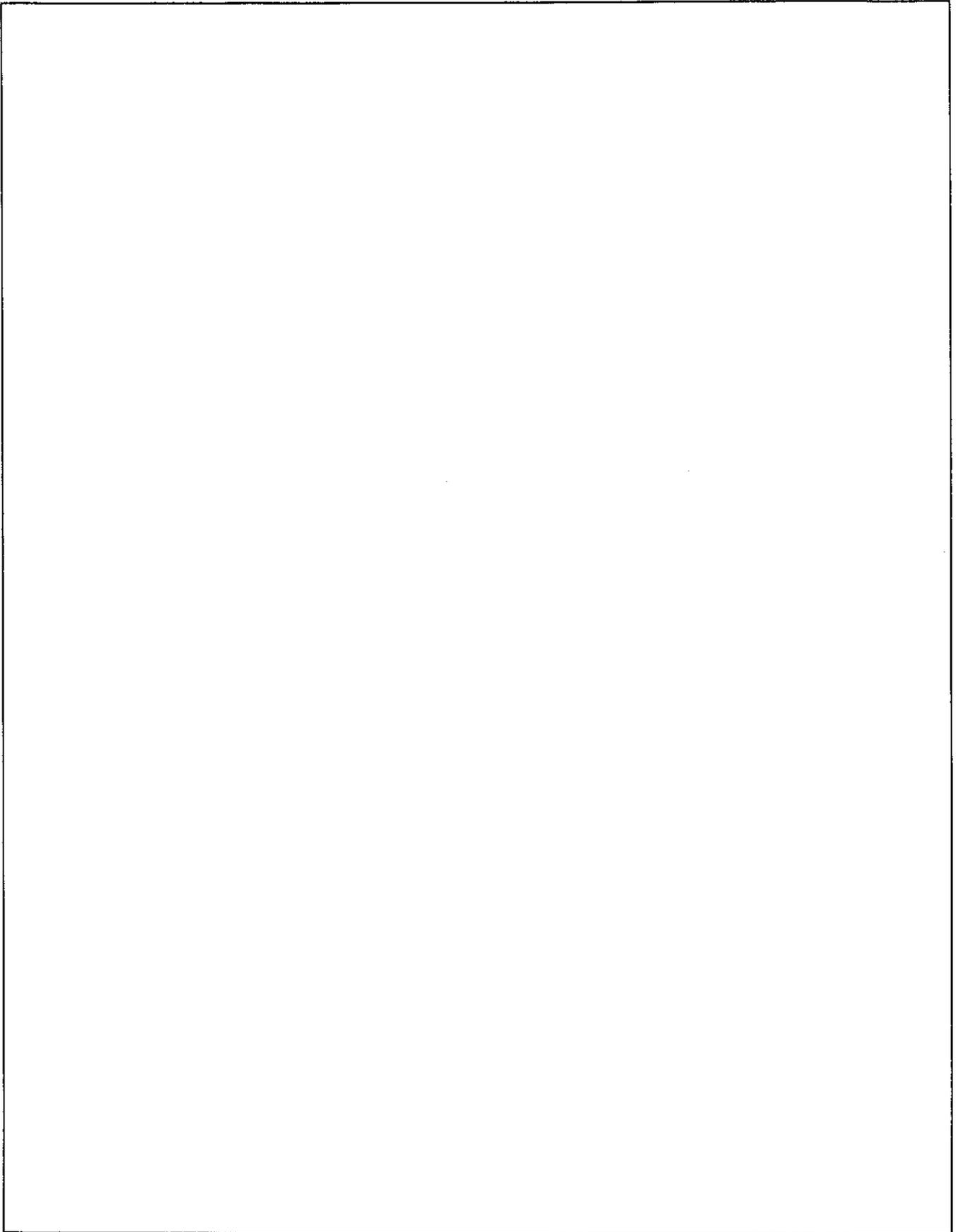
Mechanical Work Yes No

Enter Number of New or Replacement Units			
Forced Air Furnace		Incinerator	Air Handling Unit
Unit Heater		Boiler	Heat Pump
Gas/Oil Conversion		Coil Unit	Air Cleaner
Space Heater		Window A/C Unit	Kitchen Exhaust Hood
Gravity Furnace		Split System A/C	Hazardous Exhaust System
Solid Fuel Appliance		A/C Compressor	Electric Furnace
Utility Service Revisions:			
Type of Heating Fuel: (Check One) <input type="checkbox"/> Gas (1) <input type="checkbox"/> Oil (2) <input type="checkbox"/> Electric (3) <input type="checkbox"/> Coal (4) <input type="checkbox"/> Wood (5) <input type="checkbox"/> Other (6)			
Est. Start ____ / ____ / ____	Est. Finish ____ / ____ / ____	Mechanical Work Est. Value \$	

9. OTHER REQUIRED PERMIT APPLICATION(S)

Permit Type:		
Description of Work:		
Est. Start ____ / ____ / ____	Est. Finish ____ / ____ / ____	Est. Value \$

10. SITE PLAN
(Show lot lines, easements and work layout and dimensions)



SCALE = 1 Inch = _____ FEET

11. DATA ENTRY

Application Received: / /
 By: _____
 Application Reviewed: / /
 By: _____
 Data Entry: / /
 By: _____

12. FLOODPLAIN EVALUATION

FLOOD MAP NUMBER & DATE _____ LOWEST FLOOR ELEVATION _____
 FLOOD ZONE _____ BASE FLOOD ELEVATION _____

13. ZONING PLAN EVALUATION

ZONING DISTRICT _____ MAP NUMBER _____
 LOT AREA (From Page 2) _____ LOT COVERAGE (%) _____
 LOT AREA PER ROOM _____ ENCROACHMENTS _____
 OFF STREET PARKING SPACES, REQUIRED _____ PROVIDED _____
 LOADING SPACE _____
 SIGNS; NUMBER _____ SIZE OF EACH SIGN _____

PLANNING COMMISSION APPROVAL REQUIRED _____
 BOARD OF ZONING APPEALS APPROVAL REQUIRED _____

14. PLAN REVIEW RECORD

Plans Review Required	Check	Plan Review Fee	Date Plans Started	By	Date Plans Approved	By	Notes
BUILDING		\$					
PLUMBING		\$					
MECHANICAL		\$					
ELECTRICAL		\$					
		\$					
TOTAL		\$	TO BE ENTERED ON PART 18				

15. ADDITIONAL PERMITS REQUIRED

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				
FURNACE					STREET GRADES				
GRADING					USE OF PUBLIC AREAS				
OIL BURNER					DEMOLITION				

16. PROJECT DOCUMENTS (DRAWINGS & CALCULATIONS)

TYPE DRAWINGS/REPORT	SUBMITTED	SIGNED AND SEALED	DATE	REVISION DATE
Site Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Soil Report	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Architectural Drawings	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Structural 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		
Electrical Drawings	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Job Specifications	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Structural Connect. Drwngs.	<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		
Special Inspection Data	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Sprinkler Drawings	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Sprinkler Calculations	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		

17. OTHER DEPARTMENT APPROVALS

Signature	Date	Signature	Date
Fire		Health and Sanitation	
Public Works		Water	
Zoning Planning		Architectural Review	
Environmental Management			

18. VALIDATION

Application Fee	Date	Number	Permit/Insp. Fee
Building Permit	Date	Number	Permit/Insp. Fee
Plumbing Permit	Date	Number	Permit/Insp. Fee
Mechanical Permit (HVAC)	Date	Number	Permit/Insp. Fee
Driveway Permit (Escrow)	Date	Number	Permit/Insp. Fee
Signs - Business	Date	Number	Permit/Insp. Fee
DCED - State Fee	Date	Number	Permit/Insp. Fee
		Plan Review Fee (From Part 14)	
		Certificate of Occupancy Fee	
		Other Fee (Misc.)	
		TOTAL FEES	

Prepared By: _____ Date _____

Approved By: _____ Title _____