



Community Development Department

100 Parklane Drive • Eagleville, PA 19403

Phone: (610) 635-3512 • Fax: (610) 539-6347

www.lowerprovidence.org

PERMIT APPLICATION: NON-RESIDENTIAL

General Requirements for Non-Residential Applications:

- Drawings submitted for changes of a Non-Residential facility must be drawn/provided/approved by a design professional or engineer (*Commonly referred to as 'Signed & Sealed Plans.'*) It is at the discretion of the Building Code Official that this requirement may be waived. If the footprint of any structure is to be altered, **a site plan is required**. Stormwater planning may also be necessary.
- In all buildings, each space is classified by “use” or “occupancy” as outlined in Chapter 3 of the 2009 International Building Code. When a change in the tenant of a space is sought / planned, before the new owner / tenant moves in ...
 - The building design must be re-evaluated for that new use by Zoning & Building department officials
 - The sanitary sewage planning must be re-evaluated & approved by the Lower Providence Township Sewer Authority
- Every for-profit business seeking to establish a presence in Lower Providence Township must register with the township before opening for business. Forms are available in the Township’s Administration Lobby & on our website (<https://www.lowerprovidence.org/home/pages/permitsforms...#3> under “Community Development Forms and Applications”)

1. GENERAL INFORMATION:

Project Address (Street location):

Include suite / unit # if applicable

Property Use for this address/project:

- Commercial - Business Name:
- Nonprofit - Entity Name:
- Government

Does work for project cause a CHANGE OF USE of the property?

NO

YES **

[Any change of use requires Zoning approval.]

**If “YES,” provide planned use:

With every change of tenant and/or use
applicant must make contact with the Sewer Authority
to discuss your plans and to determine commercial sanitary sewer needs.

Lower Providence Township Sewer Authority is a separate entity from Lower Providence Township.

Please contact Alan Rubendall via email (arubendall@lptsa.org)
or via phone (610.539.6161) weekdays between the hours of 8:30 AM – 4:30 PM.

2. INFORMATION ABOUT PROJECT & SUBMITTED DRAWINGS:

Architect Name:

Architect Contact Information:

Plan Date:

Plans submitted: Electronically (*Single file sufficient, but MUST have visible Signed Seal*)
 Paper copy (Hard copy **LARGER than 11" x 17"??** – Then **(2) SETS** of Signed & Sealed are needed.)
 No drawings or specifications submitted.

3. TYPE OF PERMIT(S) REQUESTED: *Check boxes which apply & provide information requested*

A. ACCESSIBILITY – Based on work being done, should be reviewed for Accessibility compliance - See Current Fee Schedule for rate

Not Applicable for this project

Part of this project, but Contractor / Subcontractor will provide details at a later date

B. BUILDING—Permit fee based on square footage of area to be added or altered; Rate & minimum fee listed in Fee Schedule

Not Applicable for this project

Part of this project, but Contractor / Subcontractor will provide details at a later date

Description of work:

Square footage of area to be altered or added: _____ SF

Cost of Construction: (For information only; not used in calculation of permit cost.)

C. BUILDING: DEMOLITION – Flat fee (See Current Fee Schedule for rates)

Not Applicable for this project

Part of this project, but Contractor / Subcontractor will provide details at a later date

Description of work:

***** Picture of structure/area being demolished must be submitted with application. *****

National Emission Standards for Hazardous Air Pollutants

The Asbestos NESHAP regulations require all facility owners or demolition contractors to submit an Asbestos Abatement and Demolition/Renovation Form to the Pennsylvania DEP and the United States Environmental Protection Agency at least ten (10) working days before the onset of demolition.

All buildings must be thoroughly inspected for asbestos-containing materials prior to any demolition or renovation. The *only* exception to this is when the demolition is one single-family dwelling that is not part of a larger project such as a commercial or condominium development.

In light of this requirement, when an application is received by LPT that includes demolition work, you may be provided three (3) documents:

- *Fact Sheet: Asbestos Program for Contractors Working in Pennsylvania*
- *Asbestos Abatement and Demolition/Renovation Notification Form*
- *Instructions for Asbestos Abatement and Demolition/Renovation Notification Form*

To find a list of certified Asbestos Abatement Companies visit this site on the web:

www.dli.pa.gov/Individuals/Labor-Management-Relations/bois/Documents/ASBCONTR.htm

To view a list of individuals certified to perform asbestos remediation visit this site on the web:

www.dli.pa.gov/Individuals/Labor-Management-Relations/bois/Documents/ASBCERT.htm

TYPE OF PERMIT(S) REQUESTED, cont'd: Check boxes which apply & provide information requested

D. MECHANICAL— Permit fee based on cost of construction; Rate & minimum fee listed in Fee Schedule

Not Applicable for this project

Part of this project, but Contractor / Subcontractor will provide details at a later date

Description of work:

Cost of Mechanical work:

E. ELECTRICAL— Permit fee based on cost of construction; Rate & minimum fee listed in Fee Schedule

Not Applicable for this project

Part of this project, but Contractor / Subcontractor will provide details at a later date

Description of work:

Cost of Electrical work:

F. PLUMBING – INTERIOR OF STRUCTURE

Permit fee based cost of construction; Rate & minimum fee listed in Fee Schedule

Not Applicable for this project

Part of this project, but Contractor / Subcontractor will provide details at a later date

Description of work:

Cost of Plumbing work:

G. PLUMBING – WATER SERVICE— Permit fee based cost of construction; Rate & minimum fee listed in Fee Schedule

Not Applicable for this project

Part of this project, but Contractor / Subcontractor will provide details at a later date

Cost of Plumbing work:

Type of Service: New Alteration

Length of Service (from house to curb stop) being added or altered: FT

Will a booster pump be required? (If “Yes,” an Electrical Permit will also be required) YES NO

H. PLUMBING – SEWER LATERAL— Permit fee based cost of construction; Rate & minimum fee listed in Fee Schedule

Not Applicable for this project

Part of this project, but Contractor / Subcontractor will provide details at a later date

Cost of Plumbing work:

Type of Service: New Alteration

Length of Service (from house to tie-in point) being added or altered: FT

Will a grinder pump be required? NO YES*

**If “Yes,” complete “E. Electrical” portion of this application.*

NOTICE

For all **NEW sewer connections**, you must contact the Lower Providence Township Sewer Authority to discuss your plans and to determine your commercial sanitary sewer needs before making application for a Sewer Lateral permit.

The LPTSA office can be reached during the hours of 8:30 AM – 4:30 PM Monday through Friday by calling 610.539.6161.

Notification of LPTSA approval for NEW sewer connections must be received before permits will be issued.

TYPE OF PERMIT(S) REQUESTED, cont'd: Check boxes which apply & provide information requested

I. FIRE SUPPRESSION/SPRINKLER – Permit fee based on cost of construction; Rate & minimum fee listed in Fee Schedule

Not Applicable for this project

Part of this project, but Contractor / Subcontractor will provide details at a later date

Cost of Installation:

| Description of work: | Quantity | | Quantity |
|----------------------|----------|---|----------|
| Sprinkler System | | Sprinkler Head Relocation | |
| Standpipe System | | Type I Hood | |
| Fire Pump | | Type II Hood | |
| Wet Chemical System | | Other Installation Type (Description below) | |
| Dry Chemical System | | | |
| Foam Chemical System | | | |
| Gas Type Suppression | | | |

Include with submission:

- Copy of Sprinkler / Hood calculations (where applicable)
- List of equipment to be used (Make, Model, and Type)
- Drawings: Shop or Hood; Floor plans showing all rooms & areas

J. ALARM – Permit fee based on cost of construction; Rate & minimum fee listed in Fee Schedule

Not Applicable for this project

Part of this project, but Contractor / Subcontractor will provide details at a later date

Cost of Construction:

Type of Alarm:

Fire

Security / Burglar

Other:

Type of Alarm System:

Answering Service

Audible Alarm

Automatic Protection Device

Central Station Protective System

Alarm Company Information:

Name:

Address:

City / State / Zip:

Alarm Co Phone:

4. CONTRACTOR INFORMATION:

We no longer require annual registration / payment of annual fee!

...so, submission of the following two items is **REQUIRED**
for **each contractor associated with each Permit Application.**

Please submit the following documents via email to permits@lowerprovidence.org:

- Current Certificate of Insurance (*with Lower Providence Township listed as Certificate Holder*)
 - Proof of Workers' Compensation ~OR~ Signed & Notarized Exemption/Waiver Request
-

Trade / Aspect of Construction: **GENERAL CONTRACTOR**

Company Name:

Individual Contractor Name:

Contractor Address:

City, State, Zip:

Cell #:

Email:

Trade / Aspect of Construction: **MECHANICAL**

Company Name:

Individual Contractor Name:

Contractor Address:

City, State, Zip:

Cell #:

Email:

Trade / Aspect of Construction: **ELECTRICAL**

Company Name:

Individual Contractor Name:

Contractor Address:

City, State, Zip:

Cell #:

Email:

Trade / Aspect of Construction: **PLUMBING**

Company Name:

Individual Contractor Name:

Contractor Address:

City, State, Zip:

Cell #:

Email:

Trade / Aspect of Construction: **FIRE SUPPRESSION/SPRINKLER**

Company Name:

Individual Contractor Name:

Contractor Address:

City, State, Zip:

Cell #:

Email:

Trade / Aspect of Construction: **OTHER:** _____

Company Name:

Individual Contractor Name:

Contractor Address:

City, State, Zip:

Cell #:

Email:

**Please be aware of the following requirements under the
Pennsylvania Workers' Compensation Act:**

- This policy provides coverage for the requirements of the Workers' Compensation Act, the Occupational Disease Act, and, where applicable, the federal Longshore and Harbor Workers' Compensation Act
- The insurer has been notified that the municipality issuing the building permit is to be named a policy certificate holder
- Any subcontractors used on this project will be required to carry their own workers' compensation coverage
- The contractor/policyholder will notify the municipality of any change in status, cancellation or expiration of workers' compensation coverage
- Violation of the Workers' Compensation Act or the terms of this information form will subject the contractor to a stop-work order and other fines and penalties as provided by law

5. PERMIT FEE COST/CALCULATION: *(Based on Fee Schedule in effect on date of submission)*

*Permit fees cover administrative costs, plan review, & inspections**

Permit fees will be assessed for any/all of the areas necessary based on scope of work planned for submitted project.

There is a minimum fee established & stated in Fee Schedule for permits in all the areas listed in this form.

** With the exception of Electrical. Arrangements for electrical inspections must be made by applicant / contractor with third party underwriter who is PA-certified to do electrical inspections.*

6. ACKNOWLEDGEMENT:

The applicant certifies that all information on this application is correct and the work will be completed in accordance with the “approved” plan and any additional approved building code requirements adopted by Lower Providence Township. The property owner and applicant assume the responsibility of locating all property lines, setback lines, easements, rights-of-way, flood areas, etc. Issuance of a permit and approval of documents shall not be construed as authority to violate, cancel or set aside any provisions of the codes or ordinances Lower Providence Township or any other governing body. The applicant certifies he/she understands all the applicable codes, ordinances and regulations and is responsible for all review costs incurred for the proposed project.

I, the Applicant for the Owner or Authorized Agent, certify the code administrator or the code administrator’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

Printed Name of Applicant

Applicant is (Indicate one): Property Owner Tenant/Business Owner Contractor

Applicant’s Contact Information: *(if not already provided elsewhere on this application)*

Name:

Phone:

Email address:

Mailing address:

City / Zip:

APPLICATION SUBMISSION:

Once you have verified the application is completed to your satisfaction, you can make submission ...

* **Via email:** permits @lowerprovidence.org

* **In person:** 100 Parklane Drive, Eagleville, PA 19403 - 8:00 AM to 4:30 PM weekdays

KEEP IN MIND - *to speed up review & approval of your application, be sure drawings &/or equipment specifications are included with submission.*