

Community Development Department

100 Parklane Drive • Eagleville, PA 19403 Phone: (610) 635-3512 • Fax: (610) 539-6347 www.lowerprovidence.org

PERMIT APPLICATION: RESIDENTIAL

1. CONTRACTOR REGISTRATION:

For Residential permits, contractors who hold a currently valid PA "Home Improvement Contractor" (HIC) registration will **NOT** need to register with Lower Providence Township. All others need to register before permits will be issued.

| 2. | GENERAL INFORMATION: | | | | | |
|----|---|--|----------------|-----------------------------|--|--|
| | Site Address (Street location): | Include suite / unit # if applicable | | | | |
| | Property Owner's Name: | | | | | |
| | Homeowner's Association: No | Yes | | | | |
| | Does work for this project cause a CHA? If "YES," provide planned use: | NGE OF USE of the property? | NO | YES | | |
| 3. | PERMIT TYPE(S) NEEDED: CO | heck only the boxes which apply. Provide all t | information re | equested in those sections. | | |
| | For most applications drawings/plans/specifications are required | | | | | |

to give a more complete picture to the plan reviewer of how the work will be carried out.

NOTE: Drawings for Residential settings do NOT typically need to be drawn/provided/approved by a design professional or engineer. (Commonly referred to as "Signed & Sealed Plans") However, there are situations wherein the Building Code Official may require S/S Plans.

Plans/specifications submitted: Electronically (*Single copy*)

Paper copy (*TWO* sets if larger than 11" x 17")

No drawings / specifications included

BUILDING: DEMOLITION

Contractor Info:

PA Home Improvement Contractor # PA

Contractor Name:

Phone #: Email:

NOTE: Applicant is responsible for implementing and maintaining all necessary Erosion and Sediment Controls

SWIMMING POOL

NOTES: ~ Site plans shall be submitted as electronic files (.pdf or similar) ~ For swimming pools, Engineering & Legal Fees will be charged as invoiced to Lower Providence Township by engineer's and/or solicitor's offices.

| Above-ground | In-ground | eer's una/or solicitor | s offices. |
|--|------------------------------------|------------------------|-----------------------|
| Ç | • | | |
| Cost of Construction: | \$ | | |
| Contractor Info: PA Home Improvement Contractor # Contractor Name: | PA | | |
| Phone #: | Email: | | |
| BUILDING | | | |
| New construction | | | |
| Addition | | | |
| Interior Alteration | | | |
| Exterior Alteration | | | |
| Other - | | | |
| Give brief, general description of construction | • | cters) | |
| Square footage of area to be added or altered: | SF | | |
| Cost of Construction: | \$ | | |
| Contractor Info: PA Home Improvement Contractor # Contractor Name: | PA | | |
| Phone #: | Email: | | |
| MECHANICAL | Ziiiaii. | | |
| NOTE: Normal repairs to maintain existing system of | do not require permit. Propane gas | piping & appliances | are exempted. |
| Heating: Furnace / Boiler / Heat pump / Hydronic | Fuel storage tank: | Installation | Removal/Replacement |
| Cooling: Air Conditioner / Condenser / Mini-Split syste | em | Above-ground | In-ground |
| FUEL TYPE: Gas Oil | Electric | LP – no Mech | nanical permit needed |
| Brief general description of Mechanical work: (Limit 120 characters) | | | |
| Cost of Mechanical work: | \$ | | |
| Contractor Info: PA Home Improvement Contractor # | PA | | |
| Contractor Name: | | | |
| Phone #: | Email: | | |

| ELECTRICAL NOTE: New wiring &/or wiring | g alteration require permit; Service upgrade requires permit. | | |
|--|---|--|--|
| Brief general description of Electrical work: (Limit 120 characters) | | | |
| Cost of Electrical work: | \$ | | |
| Contractor Info: PA Home Improvement Contractor # Contractor Name: | PA | | |
| Phone #: | Email: | | |
| PLUMBING Includes "under slab" piping interior to NOTE: Permit required for new piping and/or extension of | o the building. existing piping. Normal repair or replacement does not require a permit. | | |
| Brief general description of Plumbing work: (Limit 120 characters) | | | |
| NEW work - # New Fixtures/Traps: | # | | |
| ALTER existing work - # Taps/Cuts: | # | | |
| Cost of Plumbing work: | \$ | | |
| Contractor Info: PA Home Improvement Contractor # Contractor Name: | PA | | |
| Phone #: | Email: | | |
| SEWER LATERAL | | | |
| EXISTING Connection Alteration Grinder pump required? If "YES," Total length of alteration = | an Electrical permit is necessary. Indicate on application. | | |
| | hat LPTSA has been contacted & all fees paid mission of this application. | | |
| Grinder pump required? If "YES," Total length of lateral from house to | an Electrical permit is necessary. Indicate on application. o tie-in point = | | |
| Cost of Sewer work: | \$ | | |
| Contractor Info: | D.A. | | |
| PA Home Improvement Contractor # Contractor Name: | PA | | |
| Phone #: | Email: | | |
| | asks a new connection on to remain an emission course (| | |
| TIOLE: If road surface must be opened to m | nake a new connection or to repair an existing connection, a | | |

separate Road Opening Permit will also be needed.

WATER SERVICE

EXISTING Connection Alteration

Total length of alteration =

Booster pump required? If "YES," an Electrical permit is necessary. Indicate on application.

NEW Connection

Total length from house to curb stop =

Size of new water service =

Material of new water service =

Cost of work: \$

Contractor Info:

PA Home Improvement Contractor # PA

Contractor Name:

Phone #: Email:

FIRE SUPPRESSION

Cost of Installation: \$

Contractor Info:

PA Home Improvement Contractor # PA

Contractor Name:

Phone #: Email:

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

| Alarm Co Address: | |
|--|--|
| City / State / Zip: | |
| Alarm Co Phone: | |
| Type of Alarm: Fire Security / Burglar Other: | Type of Alarm System: Answering Service Audible Alarm Automatic Protection Device Central Station Protective System |
| | w for two (2) individuals who have agreed to <i>to the alarmed site</i> within thirty (30) minutes: |
| CONT | TACT #1 for ALARM PERMIT |
| Name: | |
| Relation to Owner: | |
| Address/City/Zip: | |
| Primary phone #: | |
| Secondary phone #: | |
| | CACT #2 for ALARM PERMIT |
| Name: | |
| Relation to Owner: | |
| Address/City/Zip: Primary phone #: | |
| Secondary phone #: | |
| becondary phone in | |
| SOLAR PANEL INSTALLATIONS | <u>S</u> |
| Please list contact information below for a lo *Someone able to respond, regardless of time or d | ocal emergency responder/contact* day, within one hour to provide technical assistance to emergency responder. |
| Name: | |
| Relation to Owner: | |
| Primary phone #: | |

ALARM

Alarm Company Name:

4. 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 noted above.

NOTE: Most permits issued from this application will have a small, additional PA UCC fee assessed (fee amount established by the General Assembly of the Commonwealth of Pennsylvania & returned to the Commonwealth.)

* 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.

5.

| 5. ACKNOWLEDGEMENT: | | | | | | | |
|--|---|---|--|--|--|--|--|
| Applicant is (Indicate one): | Property Owner | Contractor | Tenant/Agent | | | | |
| The applicant certifies that all information approved plan and any additional approve owner and applicant assume the responsibilit Issuance of a permit and approval of docume codes or ordinances Lower Providence Tow applicable codes, ordinances and regulations applicable codes. | ed building code requirement by of locating all property line and shall not be construed as a conship or any other governing | s adopted by Lower Provi es, setback lines, easements authority to violate, cancel g body. The applicant cer | idence Township. The property s, rights-of-way, flood areas, etc. or set aside any provisions of the rtifies he/she understands all the | | | | |
| 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 | Pr | inted Name of Applica | nt | | | | |
| Applicant's Contact Information: | | | | | | | |
| Phone: | | | | | | | |
| Email address: | | | | | | | |
| Mailing address: | | | | | | | |
| APPLICATION SUBMIS | SSION: Once you hav | e verified the applicati | ion is completed to your | | | | |

satisfaction you may submit documentation ...

* 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.