



Community Development Department

100 Parklane Drive • Eagleville, PA 19403

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

www.lowerprovidence.org

PERMIT APPLICATION: **NON-RESIDENTIAL**

1. GENERAL INFORMATION:

Site Address (Street location): _____

Include suite / unit # if applicable

Business Name: _____

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

**Contractors ("Subs" as well as General Contractors) must be registered with Lower Providence Township providing Certificate of Liability Insurance with Lower Providence Township listed as Additional Insured. Registration Form is available on our website; Hard copies are available in lobby of LPT Admin Office.*

2. INFORMATION ABOUT PROJECT & SUBMITTED DRAWINGS:

Drawings for Commercial settings 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.

Plans submitted: Electronically (**Single** copy of Signed & Sealed)

Paper copy (**TWO** sets of Signed & Sealed)

Architect Name: _____

Architect Contact Information: _____

Plan Date: _____

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

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 occupancy of a space is sought / planned, the building design must be re-evaluated for that new use before the new owner / tenant moves in.

Does work for project cause a CHANGE OF USE of the property? NO YES

If "YES," provide planned use: _____
[Any change of use requires Zoning approval.]

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

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

Description of work:

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

Cost of Construction: _____

*Contractor Info:

Name

Email or Phone

BUILDING: DEMOLITION – Flat fee

Description of work:

*Contractor Info:

Name

Email or Phone

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 will likely 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

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

Description of work:

Cost of Mechanical work: _____

*Contractor Info:

Name _____

Email or Phone _____

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

Description of work:

Cost of Electrical work: _____

*Contractor Info:

Name _____

Email or Phone _____

PLUMBING – INTERIOR OF HOUSE

*Permit fee based on # fixtures/traps added for new work; # taps/cuts in existing waste &/or supply lines.
Rate & minimum fee listed in Fee Schedule.*

Description of work:

New Fixtures/Traps (NEW work): _____

Taps/Cuts (ALTER existing work): _____

*Contractor Info:

Name _____

Email or Phone _____

PLUMBING – EXTERIOR OF HOUSE

WATER SERVICE – Permit fee rate & minimum fee listed in Fee Schedule

		TYPE OF WORK	
WATER SERVICE	<i>NEW Connection</i>		
	•	Size of new water service (in inches)	In.
	•	Total length of service from house to curb stop (in feet)	Ft.
	•	Material of new water service	
	<i>ALTERATION of existing connection</i>		
	<i>Brief explanation for alteration:</i>		
	•	Will a booster pump be required? (Will also require Electrical permit if “Yes”)	Yes
•	Total length of alteration (in feet)		Ft.

*Contractor Info:

Name _____

Email or Phone _____



SEWER LATERAL – Permit fee rate & minimum fee listed in Fee Schedule

		TYPE OF WORK		
SEWER LATERAL	<i>NEW Connection</i>			
	•	Will a grinder pump be required? (Will also require Electrical permit if “Yes”)	Yes	No
	•	Total length of lateral from house to tie-in point (in feet)		Ft.
	<i>ALTERATION of existing connection</i> – Contact Sewer Authority (610-539-6161) for inspection			
	<i>Brief explanation for alteration:</i>			
	•	Will a grinder pump be required? (Will also require Electrical permit if “Yes”)	Yes	No
•	Total length of alteration (in feet)		Ft.	

*Contractor Info:

Name _____

Email or Phone _____

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

Include with submission:

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

Description of work:

Cost of Construction: _____

	Quantity		Quantity
Sprinkler System		Sprinkler Head Relocation	
Standpipe System		Type I Hood	
Fire Pump		Type II Hood	
Wet Chemical System		Other	
Dry Chemical System			
Foam Chemical System			
Gas Type Suppression			
Fire alarm and communication system			

*Contractor Info:

Name _____

Email or Phone _____

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

Property Use:

Commercial Business Name: _____

Nonprofit Business Name: _____

Church Church Name: _____

School School Name: _____

Government

SECURITY MEASURE	NO	YES	
Key Lock Box			Location: _____

Alarm Company Name: _____

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

Description of work:

Cost of Construction: _____

*Contractor installing: _____

Email or Phone: _____

Emergency Contacts: Please complete separate form -
“NON-RESIDENTIAL / COMMERCIAL EMERGENCY CONTACT LISTING”

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 following 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 below.

** 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. 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's Contact Information:

Phone: _____

Email address: _____

Mailing address: _____

City / Zip: _____

APPLICATION SUBMISSION: *Once you have verified the application is completed to your satisfaction, you may submit documentation ...*

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

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

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